g ofter death. Page 4

113 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11353 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Fre			MARYLANG	o .	STATE Man	cy l	and	ved. If institut b. COUNT	Frede	rie	k	
b. CITY OR TOWN (I RURAL and give no Brunswi		its, write	c. LENGTH OF STAY IN 18		city or tow runswi		ide corporot	e limits, write	RURAL ond g	give neo	irest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 28 Virginia Avenue					STREET ADDR		inia	Avenu	. /			DENCE FARM? NO
3. NAME OF DECEASED (Type ar print)	Frank		Middle	And	Lost DPS	4	OF DEATH	Mo 10-	_	5	,	reor 1960
5. SEX Male	6. COLOR OR RACE	7. MARE	RIED-E NEVER MARRIED ED DIVORCED		OF BIRTH	1901		AGE (In years lost birthday)	Months	1 YEAR Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Retired In 13. FATHER'S NAME	king life, even if retired	done 10b.	KIND OF BUSINESS OR INI		Maryl	land		ntry)	T2.CITI	ZEN OF	WHATC	OUNTRY?
13. FATHER S NAME	George	Ande	ne	14. 7	AOTHER'S MA	IDEN NA		- O				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORM	ANT	-	Mar	-	dress			
World Wa	(If yes, give war or dates of :	ervicej		Mrs	Lucil	Lle	Ander	s Bru	aswie	k. W	Id _	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Act	ne for (o), (b), ond (c).] ite Myocard:							INTE	RVAL BET AND	TWEEN DEATH
Conditions, if o gove rise to i cause (o), stating lying couse lost. PART II. OTH	ny, which (b) (b) (b) (c) the <u>under-</u>	Cor	conary Throi			E TERMINA	AL DISEASE (CONDITION G	VEN IN PAR	3 T 1(0) 11	YIS 9. WAS A PERFO	AUTOPSY
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RRED. (Ente	r nature af inj	jury in Por	rt I or Port II	of item 18.)			-	NO P
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Ye	ar 20d. II While of wor	Not while	PLACE OF factory, st	INJURY (Hom reet, office bld	ne, form, dg., etc.)	20f. (City o	r town)	(0	County)		(Stote)
alive an Oct	at I attended the	deceas		ath occu	19 <u>60,</u> to rred at 73	45A	From th	e causes a	, state)	e date	stated DAT	
PHYSICIAN'S NAME (Type)	C. T. Byr	on K	Mao, M.D.		Bruns		4		•			700
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	10-27-6		22c. NAME OF CEMETERY St. Marks		ATORY	22	2d. LOCATIO	ON (City, town,	Te Me		(State	e)
23. FUNERAL DIRECTOR	S SIGNATURE	Brw	nswick, Mary	land			BY REGISTRA		ISTRAKS SIC	SNATUE	RE	

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FOR STATE HEALTH DEPT.

necessory, please director. Page for your files. files. Health, for your

be reto the State after pud be executed within 24 hours offer pencil in Item, 18. Give Poges 1, s Office along with form PM3. I riol-transit permit. File poges event in any puo ER: This certificate should be executed the word "pending" in pencil in the Chief Medical Examiner's Office ald 3 should be used as a burial-transity. 50 cremotion. buriol, 0 writing th to the pri forworded to DIRECTOR: Forwar designoted should Se FUNERAL I 5 40

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11354

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick b. COUNTY g. STATE MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Frederick 2 months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES NO T 3. NAME OF 4. DATE Middle Last Month Day Yeor DECEASED (Type or print) Edgar Baker DEATH October 2 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Haurs Min. Male Colored | WIDOWED | DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, er unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Compound fractue right anterior skull IMMEDIATE CAUSE (o) weeks DUE TO Brain damage and hemorrhage Canditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO X 200. EXTERNAL CAUSE WAS PRIMARY QLor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) Thrown from a truck hauling corn WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, affice bldg., etc.) Not while of work N of work Route 67&340 Nr Weaverton Frederick Md 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ... and in my opinion death resulted from: Natural causes . Accident . Suicide , Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** October 4.1960 NAME (Type) B.O. Thomas . M.D. DEPUTY MEDICAL EXAMINER 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ciriling & Kraus

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the attending physician and campletely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be recorded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

11407

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11355

)	1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WE		institution: Residence OUNTY	befare admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	549 days	Baltin	nore (write RURAL and giv	re nearest town)
4	d. NAME OF HOSPITAL (If not in haspital, give street or institution) with State	Haspital	d. STREET ADDRESS	est Bal-	timore	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Paul	Middle	Buckworth	4. DATE OF DEATH	Month 1 O	Day Year 15 1960
	5. SEX M 6. COLOR OR RACE 7. MARR WIDOWS		B. DATE OF BIRTH 10-11-190	9. AGE (I last by	Thday) Manths D	YEAR IF UNDER 24 HRS. Days Hours Min.
/	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 18. FATHER'S NAME	kind of Business or Industry	STRY 11. BIRTHPLACE (State Mary 14. MOTHER'S MAIDEN	land	12. CITIZE	W.S.A.
	Arch Buckwor	. T/~	Minni	n	helle	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service) 2	SOCIAL SECURITY NO. 17.10	record 7 V	ictor C	nlich S	tale Hoop
	PART I. DEATH Enter only one cause peculic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last. (c)	e for (a), (b), and (c).]	uberculosis	- 003		ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condit	ION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item	, 1B.)	
	Haur a.m. While		ACE OF INJURY (Hame, form ctory, street, office bldg., etc		(Co	(State)
	21. I certify that (1) (this hospital) attends saw the deceased alive an 10 15		death occurred of	M, from the cau		dote stated obove.
	220. SIGNATURE Wichael J. Zar	in M.D.		ED. STAFF		10 15 6 C
	22c. PHYSICIAN'S NAME (Type) Michael G.	ZAVIS	Culler	1, Mari	pland.	•
	23g. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL 10-19-60	23c. NAME OF CEMETERY O		23d. LOCATION (City	tawn, ar caunty)	(State)
-	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC*		b. REGISTRAR'S SIGN	
1	Wm. Cook, Inc., 1217 St. 1	Paul Street	DATECT	1 9 '60	arthur S. Kr	aus

Endersek Marshard Francisco (Marshard Cally) With Colley Sing Highlish Collins Will Belling Lideby supply the The December of the Company of the C No. 22 Comment of the state of the second of th Tall and the last of APPEARE TO ZAVIS CONTENT WEST END The Manual Control of the Control Tropical to the contract of the contract of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

11900

1.	1375		CERTII	FICA'	TE OF DEATH			110	196
1. PLACE OF DEA o. COUNTY	Fredu	Lick	MAR	YLAND	2. USUAL RESIDENCE (W o. STATE	here deceased li	ved. If institution b. COUNTY	-	efore admission)
RURAL ond g	VN (If outside corpo ive negrest town)	10	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (IF	outside corporate	e limits, write RU	RAL and give n	
OR INSTITUT	OSPITAL (If not in hi	erick	Memori	al	d. STREET ADDRESS	Leura	+ m.	ANOK	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	2	First S	happer L/1	TIN	A Buda	4. DATE OF DEATH	Octobe		Day Yeor
s. sex fernale	6. COLOR O	R RACE 7. MARI			3. DATE OF BIRTH	60 9.		Months Days	AR IF UNDER 24 HE Hours Min.
during most o	PATION (Give kind working life, even nfant	of work done 10b. if retired)	Same	OR INDUS	TRY 11. BIRTHPLACE (State	or foreign cour	ntry)	12. CITIZEN	OF WHAT COUNTR
13. FATHER'S NAM	all.	AlA	, Bu	dd	14. MOTHER'S MAIDEN	NAME CEL	18011	14 5	feipp
No. WAS DECEASE (Nes. no. or unknown)	OEVER IN U. S. ARA (If yes, give war o		None). 17, IN	FORMANT MAD A	HAR	Addre	5 AE	Item#2
18. CAUSE O	DEATH [Enter on	ly one couse per li	ne for (0), (b), and (c)	-]					NTERVAL BETWEEN
gove rise couse (a), sto lying cause		(c)	CONTRIBUTING TO DE	FATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE (CONDITION GIVE	N IN PART 1(a)	19 WAS AUTOPS
ATIO	O THE STORM FOR		ubarachno			WAL DISEASE C	OND MOINDIVE	(4 //4 / Aki I(o)	PERFORMED?
O (IF EITHER, NO	IT WAS UNDERLYIN TING CAUSE OF DTIFY MEDICAL EXA	G 20b. DES). (Enter nature of injury in	Part or Port	of item 18.)		I II Z NO L
Hour o		Doy, Year 20d. II 19 While of wor	NJURY OCCURRED Not while at work		CE OF INJURY (Home, fare tory, street, office bldg., etc		r town)	(Count	y) (Stor
	thot (I) (this h	1	led the deceased		eath occurred of 12	ACD .			thot (I) (we) lo
22o. SIGNATU	72n	Powe	m z		A.D. ATTENDING M	AED.	STAFF PHYS.	= 1	22b. DATE SIGNI
22c. PHYSICIA NAME (T	pe) // ~ ~	1. Pou	7 3 1			denil	/	4.	
23a. BURIAL, CREA REMOVAL (Sp BURIAL	oct.	18,1960			Cemetery	F	N (City, town, or rederic	k,	(State) Maryland
Charles SALE STREET	tor's signature	Son, Fre	address ederick, Ma	aryla		D BY REGISTRA		TRAR'S SIGNAT	

TO HOSPITA OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 n may be referred by the hospital or attending physician.

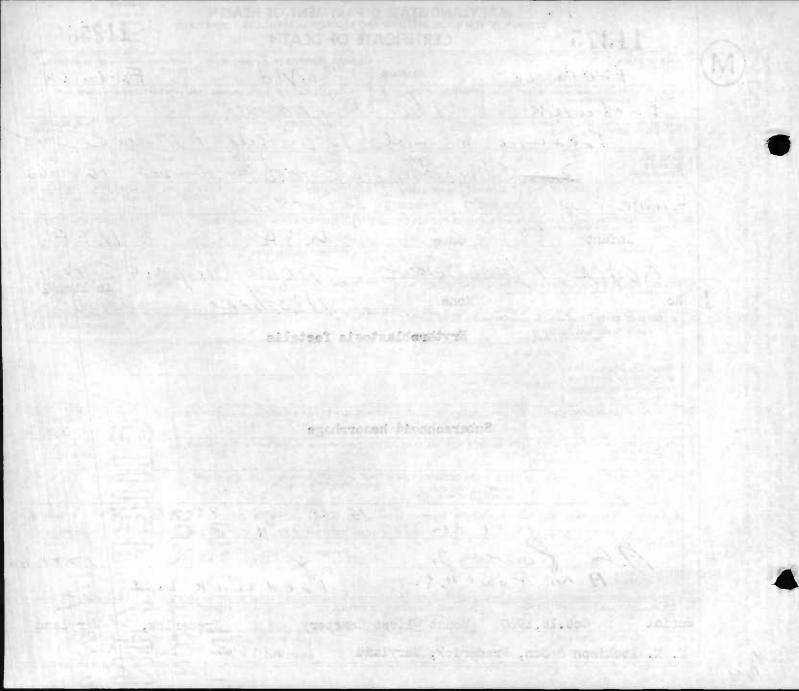
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 or the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

ofter death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hi

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CERTIFICATE OF DEATH

11357

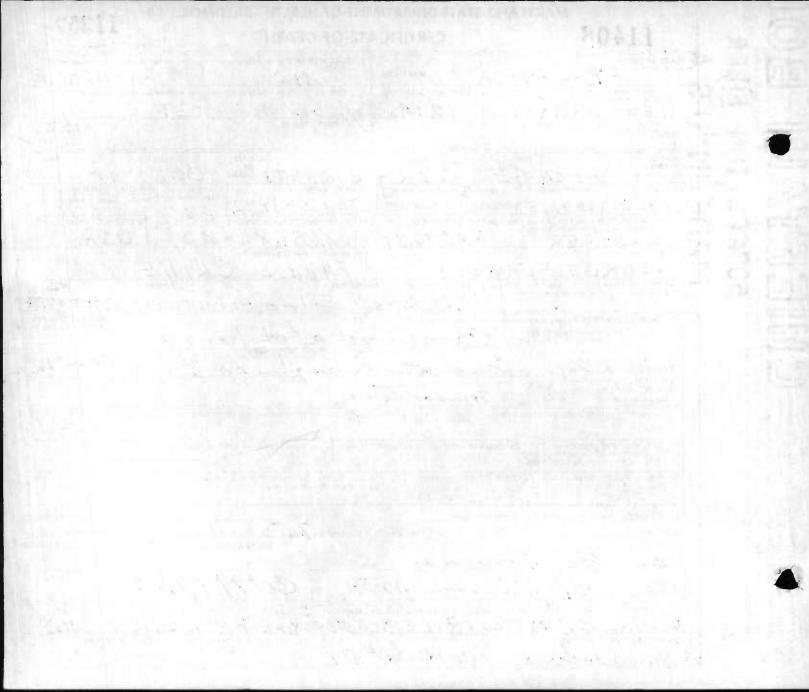
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY : DED TRICE
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
RURAL and give nearest tawn)	11 = 11 = -
NEW MARKET 129RS	MEW MARKEI
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
	YES NO P
3. NAME OF First Middle	Last 4. DATE Manth Day Year
(Type or print) GEORGE EZRA	BURKETY DEATH OCT 18 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	JAU 6-1892 La yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
LABOR ER FACTORY	MARYLAND USA,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE BURKETT	FAUVIE CLIVE
	NFORMANT Address MD
(Yes, no, or unknown) (If yes, give war or dates of service) 2/7-28-5358	ELIZA R. BURKETT HEWMARKE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
DUE TO	a series de la companya del companya de la companya del companya de la companya d
7. 1	D & Smends
Canditians, if any, which gove rise to immediate (b)	correspond)
couse (o), stoting the under-	
lying couse lost. (c)	7
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI	YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH 10f. EliTher, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II af item 18.)
	ACE OF INJURY (Home, form, 20f. (City or tawn) (Caunty) (Stote)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram	, 19ta, 19,that I last saw the deceased
alive an, 19, and that death	7//
dive dif, and mar deam	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL BASE	
SIGNATURE TO THE TOTAL TO THE SIGNATURE	M.D.
PHYSICIAN'S B. O. Thomas, M.	D Oct 14, 1960
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY C Em 22d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) OCT 20 1960 FREDERIC	CKMEMORIAL FREDERICK MID
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Jucian K. Falcenu New Market	My DATE OCT 24'60 Orthur S. Kraus

may be refered by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached far use as the burial-transit permit. the registrar priar ta burial, crematian, ar remaval, and in any TO HOSPITA VS A15 (4) 15M 9/58

Then please



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 11358 11376 Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Frederick MARYIA b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Days trederic trederic d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION 509 S. MACKET YES NO 1 hronic NAME OF 4. DATE Middle Month Day Yeor DECEASED OF DEATH (Type or print) 1960 10 B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED Months Doys Hours WIDOWED DIVORCED [yes. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 4.5.A. none 4 rope 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME na 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address none INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES T NO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) (Stote) Hour o. m

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MEDICAL

While Not while factory, street, office bldg., etc.)

21. I certify that I attended the deceased fram.

of work ot work

alive an

and that death accurred at 9:341 M, from the causes and an the date stated above. DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

NEM

19 C, that I last saw the deceased

220. BURIAL, CREMATION,	22b. DATE THEREQI
REMOVAL (Specify)	12-3-4

22C NAME OF CEMETERY OR CREMATORY

(Stote

23. FUNERAL DIRECTOR'S SIGNATURE

24a, REC'D BY REGISTRAR

2 VS A15 (4)

DIRECT

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11359

11377

a. COUNTY	Frederick	MARYLAND	o. STATE Maryland	b. COUNTY	rederick
RURAL and give n	(If outside corporate limits, write learest town) erick	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside con	porote limits, write RURAL on	nd give nearest tawn)
d. NAME OF HOSPI	TAL (If not in hospitol, give street Market Street	address)	d. STREET ADDRESS 327 North Mar	ket Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First MICHAEI	Middle JOSEPH	CROGHAN, SR. DEAT		23, Year 23, 19 60
5. SEX Male	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH April 21. 1888	9. AGE (In years IF UND last birthday) 72 yrs.	DER 1 YEAR IF UNDER 24 HRS s Days Hours Min.
100. USUAL OCCUPATI during most of wor Hotel Own	rking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole or foreign	1 country) 12.0	USA
13. FATHER'S NAME	John J. Croghan		14. MOTHER'S MAIDEN NAME Sarah Fa	hy	
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		nformant s. Hilda B. Crogha	n-Same as Ite	m #2
Conditions, if a gave rise to couse (a), stating lying cause lost.	the under-	teriorelero	the Heart o	lisease	4-5 yrs
ICATIC			T NOT RELATED TO THE TERMINAL DISE		PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
(IF EITHER, NOTIFY	G CAUSE OF DEATH	NJURY OCCURRED 20e. PI		City or town)	(Caunty) (State
21. I certify the	at (1) (this haspital) attendased alive an Oct	ded the deceased fram	Oct 17 1957, to death occurred at 2:00Pfra		the date stated above
220. &GNA URE	my V. Chr	ine_	M.D. ATTENDING MED. DIRECTOR	STAFF 1	0/24/60 SIGNE
NAME (Type)	Henry V. Chase,		East Church St		
Burial (Specify			t Cmetery Fre	cation (City, town, or counted carick,	Maryland
M. R. Etc	r's signature hison & Son, Fr	ederick, Maryl	and 25a. REC'D BY REG		S. Kroud

in the funeral director, and 2 should be filed with TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 host may be received by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 am the State Board of Health prior to burial, crematian, or remayal, and in only event, whin 72 haurs after death.

VR A15 (4) 15M 9/59

after death. Page 4

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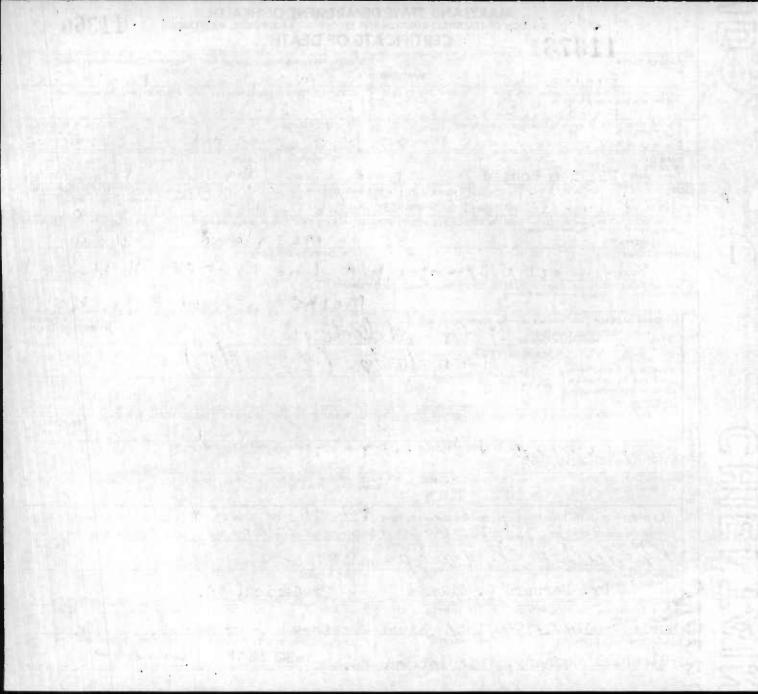
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11360

TERTIFICA	TIE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence befare admission)
o. COUNTY Frederick MARYLAND	o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
RURAL and give nearest tawn) Fixedevick	Frederick
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Frederick Memorial Hosp.	1319 West Patrick St YES NOB
3. NAME OF DECEASED (Type or print) William Ronald	Last 4. DATE Month Day Year OF DEATH O CLOBER 20 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF 8IRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min
Male White WIDOWED DIVORCED	October 20,1960 lost birthdoy) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDU	
during mast of working life, even if retired)	Maryland USA.
13. FATHER'S NAME	14. Maryland U.SA-
Roy Leslie Delauter 1	Arline Frances Hildebrand
	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	Mother, 319 W. Patrick, St
18. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	
DUE TO TO	1- 1 - Ma
Condition is an extend	ty (28 wells)
gove rise to immediate	
couse (o), stating the <u>under-</u> (but 10)	
, (6)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED? YES \(\text{NO} \(\text{NO} \)
The accident was interpreted El Table Descript HOW INTERPRETED	ED. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Port I of Port II of Item 10.)
Hour o. m. While Not while fo	*LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) octory, street, affice bldg., etc.)
p. m. 19 at wark ot wark	
21. I certify that (1) (this haspital) attended the deceased fram.	OC+ 20, 1960, ta OC+ 70, 1950, that (1) (we) last
saw the deceased alive an 100.20 19 60 and that	death accurred at 155M, from the causes and an the date stated above
220. SUGNATURE	22b. DATE
1. seman D. Mymus n.	M.D. PHYS. DIRECTOR STAFF
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Bernard O. Thomas	Frederick, Md.
23a. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY (
REMOVAL (Specify)	
burial 10/21/1960 Mt/ livet 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	Cemetery Frederick, Md. 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
45 31 10 0	DAGCT 25'60 Cirling S. Frank
Gladhill Company, Middletown,	Md.
2067332XVI	



BALTIMORE, 18 11361

11379 CERTIFIC

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY F	rederick		MARYL		o. STATE	ence (w		d lived. If institut b. COUNTY	_	eder		sion)
b. CITY OR TOWN (I RURAL and give no Frederick	If outside corporate fimit earest town)	ts, write	3 Years	N 16			outside corpo	orate limits, write l	RURAL ond	give nea	rest town	n)
OR INSTITUTION	TAL (If not in haspital, g County Chro				d. STREET A	DDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Fin JU	LIA	• Middle ELIZ.	ABETH	Lost EDW.		4. DATE OF DEATH	Mai	tober	Do:		Year 19 60
5. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED		anuary		.868	9. AGE (In years last birthday) 92 yrs.	Months .	Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work House—WO	ON (Give kind of work of king life, even if retired) PK		KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL		or foreign o		12. CI	TIZEN O		COUNTRY
13. FATHER'S NAME	ohn Daniel	Conar	rd		14. MOTHER'S		NAME Via Fo	out				
	R IN U. S. ARMED FOR (If yes, give war or dates of se		social security no.	Mr.		n D.	Royer-	-Same as	iress Item	#2 .		
Conditions, if a gave rise to i cause (a), stating lying cause lost.	mmediate Due TO		build	2	OT RELATED TO			SE CONDITION GI	VEN IN PAI		3 7 9. WAS	DEATH OF SY
-	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yec		Not while	20e. PLACE	Enter nature of E OF INJURY (1 y, street, office	lame, far	m. 20f. (Cit			(County)		(State)
21. I certify the alive on	HTKE. F. Kline,	12 d	e M. LO.	death a	North	7.70 Marl		m the causes ireet, city or town.	and an I	last so the dat Suf1	te state	deceased ed abave ATE SIGNED /1960
220. BURIAL, CREMATIC Burial (Specify)	10/22/19		Mount Oli			y		TION (City, tawn, rederick,			(Stot Mar	yland
23. FUNERAL DIRECTOR M. R. Etch	's signature ison & Son,	Fre	ADDRESS derick, Mar	yland	1		CT 2 4 '6		ISTRAR'S SI			

TO HOSPIT

may be in fied by the hospital or attending physicion.

Define a property of the property of the following physicion and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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the attending physician and campletely filled in by the funeral director. Then please remove carban papers. Pages 1 and 2 shauld be filed with

MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

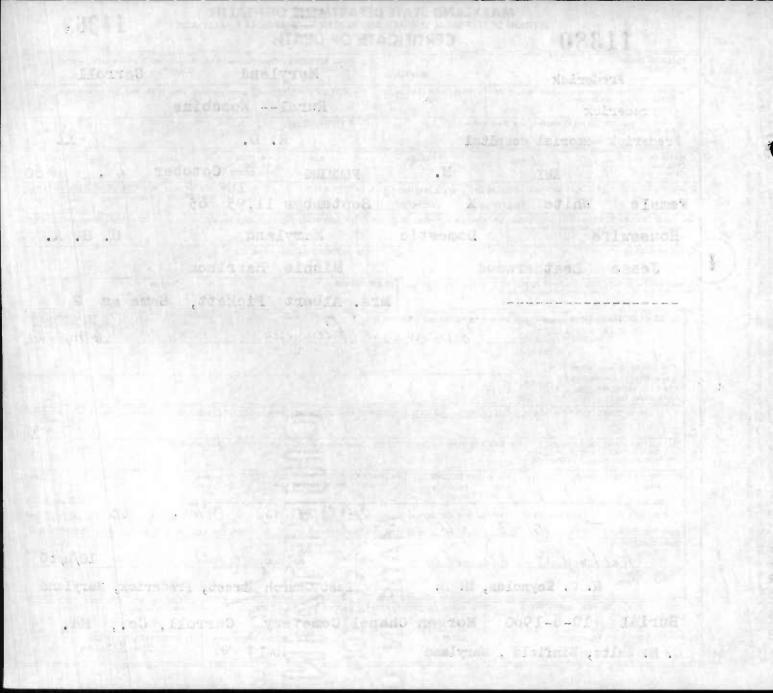
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1. PLACE OF DEATH			MARY	LAND	2. USUAL RESIDENCE	E (Where dec		institution:	Residence		n)
	rederick					- J		t. Burn		- V	
RURAL and give		fs, write c.	. LENGTH OF STAY	IN Ib	c. CITY OR TOW		Voodbi		AL and give	e nearest town)	
d. NAME OF HOS	PITAL (If nat in haspital, g	ive street odd	dress)		d. STREET ADDR	ESS		A 1	W	e. IS RESID	ENCE
Frederic	k Memorial I	dospita	al			R. D.		00	1 -		ARM?
3. NAME OF DECEASED (Type or print)	AMY	st	N. Middle		FLEMING	4. DA OF DE		Month	4	/	or 60
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8.	DATE OF BIRTH		18 9. AGE (EAR IF UNDER	24 HRS.
Female	White	WIDOWED	200		Septembe	r 11,	95 65	sthday) N yrs.	Aanths De	ays Haurs	Min.
	TION (Give kind of work		ND OF BUSINESS C	R INDUST	RY 11. BIRTHPLACE	(State ar forei	gn country)		12.CITIZE	N OF WHAT CO	UNTRY?
Housew	orking life, even if retired 118)	Domesti	C	Mar	yland			U	. S. A	
13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAME					
Jess	e Leathe	rwood			Minni	e Ha	rrison	ı			
	VER IN U. S. ARMED FOR		CIAL SECURITY NO	. 17, INF	ORMANT		T. A.	Address			
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)		Mr	s. Alber	t Pi	ckett,	Sa	me a	s 2	
Conditions, if gave rise to cause (a), statin lying cause los los PART II. CONTRIBUTION (IF EITHER, NOTI	immediate DUE TO) DITIONS <u>CO</u> I		ATH BUT N	OT RELATED TO THE	TERMINAL DI			I IN PART 1	(o) 19. WAS AI PERFOR YES	MED?
20c. TIME OF INJ Haur a. n p. n	1.	20d. INJU While of work	URY OCCURRED Not while at work		CE OF INJURY (Ham ary, street, office bld		(City ar tawn)		(Cai	unty)	(State)
	R. C. Rey	Rey nolds,	1960, and		ath occurred of	MED. DIRECTOR	om the cou	uses and	on the c	10/4/	DATE
23g. BURIAL, CREMAT		1 -	23c. NAME OF CEM				OCATION (City	y, tawn, ar c	county)	(State)	
Buriar	" 10-6-19	060	Morgan	Chap	el Cemet	cery	Carr	oll,	Co.,	Md.	
24. FUNERAL DIRECTO			ADDRESS			REC'D BY RI		Sb. REGISTR	AR'S SIGN		
C. M. Wa	ltz, Winfie	Ld , Ma	aryland		DA	TE OCT 7	'60	ari	hun S.	Tunun	

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 helm may be recorded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled impage 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. F	COUNTY Fred	erick		MAI	RYLAND	2. USUAL RES	Md Wh	ere decease	d lived. If institutio b. COUNTY	n: Residen	ce befored	er 10	on)
		outside corporate limi	its, write	c. LENGTH OF STA		Mar.	rmont	utside corpo	rote limits, write RL	JRAL ond	give nec	irest Iown)	
I	NAME OF HOSPITA OR INSTITUTION Pederic	AL (If not in hospitol, g Memori	-	oddress) Hoapital	1	d. STREET	ADDRESS					ON A	FARM?
	NAME OF DECEASED Type or print)	MARTIN	st	LESTER Midd		ESHMAN	tac	4. DATE OF DEATH	Oct. 5		Do 060	y Y	eor 9
S. S	Male	6. COLOR OR RACE White	7. MARR			Sept.	TH 3.19	06	9. AGE (In years last birthdoy) 54 yrs.	Months	1 YEAR Doys	Hours Hours	Min.
2	during most of work	N (Give kind of work in life, even if retired	one 10b.	KIND OF BUSINESS	OR INDUS	Mai	rylan	d.	country)		ZEN OF	WHAT CO	DUNTRY?
13.	FATHER'S NAME	H. Freshm	.07			14. MOTHER		ice					
16		IN U. S. ARMED FOR		SOCIAL SECUPITY N	O 17 IN	FORMANT	a DI	rce	Addr	220		-	
(Yes		If yes, give war or dates of s	ervice)	-05-6900		's Gler	nna E	yler			MI)	
ATION	Conditions, if or gove rise to it couse (o), storing lying couse lost. PART II. OTH	nmediate Dus To)) :)	CONTRIBUTING TO D		NOT RELATED T	O THE TERMI	INAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS A PERFOR	SWP05
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED). (Enter noture	of injury in I	Port I or Por	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. It While of wor	Not while of work		CE OF INJURY tory, street, offi			y or town)	(County)		(Stote)
	saw the deceas	t (1) (this haspita ed alive an	l) attend	ed the decease 1960, an		// /	1	60 , .ta_ .M, fram	the causes and			stated	above.
	220. SIGNATURE	Model	Ser C	leun	٨	A.D. ATTENDI	U DI	ED. RECTOR	STAFF PHYS.	11	2/c	best	DATE
	22c. PHYSICIAN'S NAME (Type)	L.R.Scho	olma	n		22d. ADD 8IO	ress Toll	Hous	e Ave.F	rede	ric	k. A	ID .
23a	BURIAL, CREMATIO		1960	23c. NAME OF CE United			em :		TION (City, town, o		Co	(Stote	:)
24.	Hay notial	MIGNATURE eag	er	Appress	ont.	MD.		D BY REGIS		TRAR'S SI			

after deoth. Poge 4 by the funeral director may be re set by the hospital or othending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any everytiming 72 hours ofter death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hared by the haspital or attending physician.

TO HOSPITA VR A1S (4) 1SM 9/59

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FOR STATE HEALTH DEPT.

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	ex	4	0	ar its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death.	
	execute 1 strifficate, writing the ward "pending" in pencil in Hem, 18. Give Pages 1, 2, and 3 to the fund di		F		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11365

PLACE OF DEATH	10.7			2. USUAL RESIDENCE	Where deceas	ed lived. If institu		lence be		ission)
. COUNTY	Frederick		MARYLAND	o. STATE Mary	land	b. COUNT	Y Fre	der:	Lck	/
b. CITY OR TOWN and give necrest to	[II outside corporate limits, write	SURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corp	orole limits, write	RURAL on	d give r	tearest lo	wn)
	derick- Rout	te 2	25 yrs.	Rura	al-Fred	erick- R	oute	2		
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in ho	spitol, give street oddress)	d. STREET ADDRESS					ON	A FARM?
3. NAME OF DECEASED (Type or print)	Will		Middle Henry Goods	lost sell	4. DATE OF DEATH	Month Octo		Doy 15		fear 9 60
s. sex Male	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIVORCED A	Oct. 7-1896	5	9. AGE (In years last birthday) 64 yrs.	Months	Doys	Hours	ER 24 HRS. Min.
100. USUAL OCCUPAT during most of work Used auto	king life, even if retired)		KIND OF BUSINESS OR INDUST	Maryland		ountry)		U.S.		COUNTRY?
13. FATHER'S NAME Henry G	oodsell			14. MOTHER'S MAIDEN Floren	NAME Ce Aus	herman				
5. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.		nformant ene Arthur G	oodsel	Address 1-Route 2	2-Fre	deri	ck-M	d.
18. CAUSE OF DE	ATH [Enter only one cou	se per line	for (o), (b), and (c).					INTE	RVAL BETWEET AND DE	EPN HIA
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Pulmonary hem	orrhage				1	hou	
0 03	DUE TO									
Conditions, if			Pulmonary T.B	•				1 2	yrs	• plu
(o), stoting the		L								
PART II. O 20g. EXTERNAL C PRIMARY or CI CAUSE OF DEATH	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER/	MINAL DISEAS	E CONDITION GIV	EN IN PA			AUTOPSY DRMED?
	AUSE WAS ONTRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRED. (E	Enter noture of injury in Po	art I or Port II	of item 18.)				
20c. TIME OF INJ	1.	Whit	ft	CE OF INJURY (Home, for ory, street, office bldg., et		or fown)	(Co	ounty)		(State)
			remoins described obo		sy, lr Homicide	spection X	, Inqui	' -	-	id in my
ACTUAL SIGNATURE	Book	m	as	M.D. CHIEF MEDICAL		• 🗆		10	DATE !	1960
EXAMINER'S NAME (Type)	B.O. Thomas	-Sr		DEPUTY MEDICAL		_		L.A	11 11/	
	ION, 226. DATE THEREC)F	22c. NAME OF CEMETERY OR Mt. Olivet Co			rion (Cily, fown, lerick- l		and	(State	a)
23. FUNERAL PIRECTO			ADDRESS /		D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	
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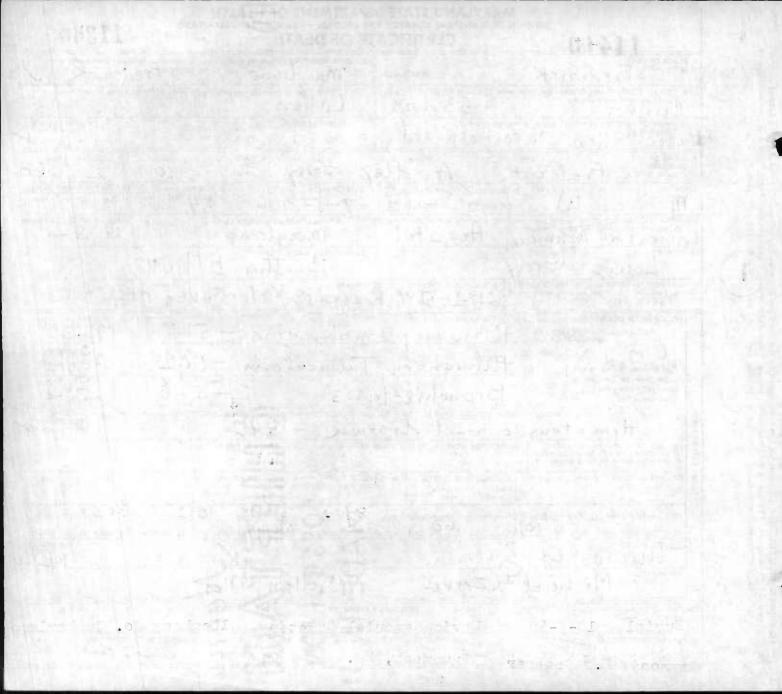
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1	PLACE OF DEATH a. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) b. COUNTY Prederick Maryland
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Cullen c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Cullen
HV	d. NAME OF HOSPITAL (If not in hospital, give street address) or institution Usen State Hospital No St. or number e. IS RESIDENCE ON A FARM? YES \(\sigma \) NO St. or number
3.	NAME OF DECEASED (Type or print) Frederick Audley Gray 1. DATE OF DEATH 10 2 1960
5	SEX O. COLOR OR RACE O. MARRIED OF NEVER MARRIED OF BIRTH O. WIDOWED OF DIVORCED OF STATE OF BIRTH O. WIDOWED OF DIVORCED OF STATE OF BIRTH O. Months Days Hours Min.
1	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life ever if reticed), Abratory rechmagn to sputal maryland 12. CITIZEN OF WHAT COUNTRY?
	Louis Gray Bertha Elliott
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Record of Victor Cullen Hospital
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pulmonary Emphysema - 527 IMMEDIATE CAUSE (a) Pulmonary Emphysema - 527 IMMEDIATE CAUSE (a)
	Canditions, if any, which) (b) Pulmonary Tuberculosis - 002 20415
	gave rise to immediate cause (a), stating the under. DUE TO Bronchi Ectasis - 526. 1544.
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO III} \)
CEBT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark at wa
	21. I certify that (I) (this haspital) attended the deceased fram. 8/10 1960 to 10/2, 1960, that (I) (we) last saw the deceased alive an 10/1 1960, and that death accurred at 730 M fram the causes and an the date stated above.
	220 PIGNATURE Wichael G. Zavis M.D. ATTENDING MED. STAFF PHYS. STAFF PHYS. 10/2/160
	22c. PHYSICIAN'S Michael GizAVIS 22d Collen, Md
2:	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Burial 10-5-60 Davis Memorial Cemetery Allegheny Co. Cumberland
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
4	namond B. Greager Thurmont, Md. DATE OCT 4 '60 Cultur A. Thurmond

TO HOSPIT. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how after deoth. Page 4 may be remained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove Coban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death.

VR A15 (4) 15M 9/59



ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(Caunty)

e. IS RESIDENCE ON A FARM?

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

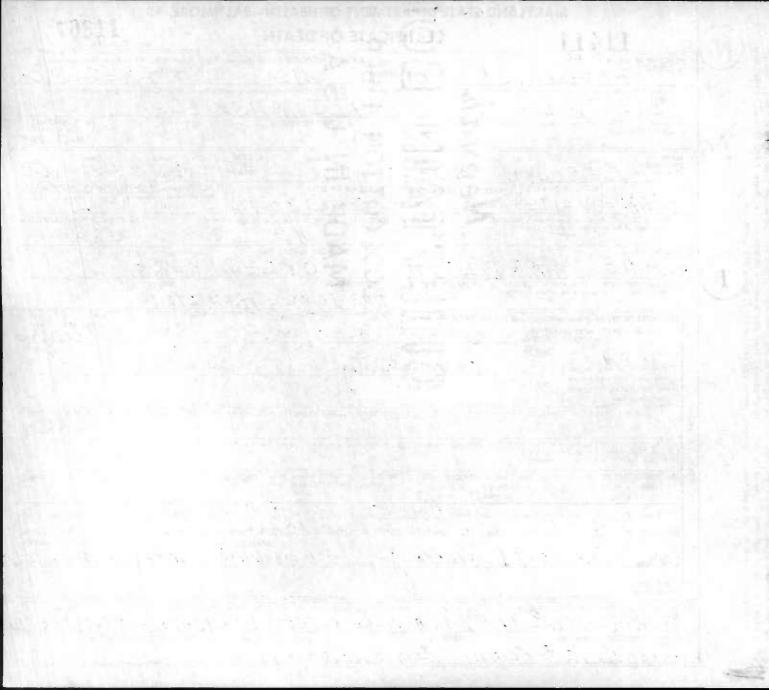
(Stote)

DATE SIGNED

(Stote) REDERICK MI)

YES NO P

Year



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11368

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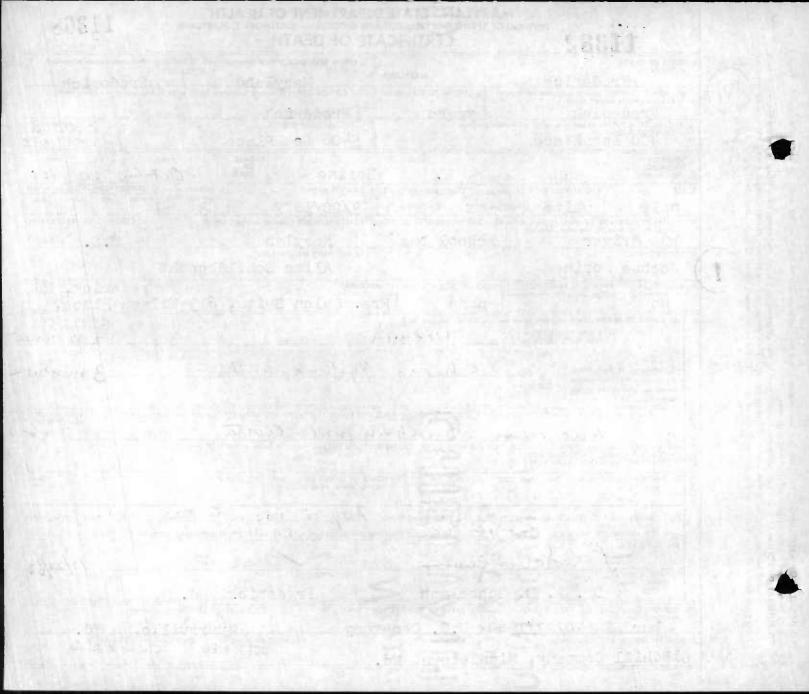
CERTIFICATE OF DEATH

11006		OEIXIII IN	J/ \ \	<u> </u>					
1. PLACE OF DEATH a. COUNTY	0.7-			USUAL RESIDENCE (W	here decease	d lived. If institution	n: Residence	e before adr	mission)
Frederi	ck	MARYLAN	ND		bral	b. COUNTY	Fred	Paric	7-
b. CITY OR TOWN (If outside corp		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF		rote limits, write RL	JRAL and gi	ve nearest to	awn)
RURAL and give nearest town) Frederick		vears	110	Frederic	12				
d NAME OF HOSPITAL (If not in	haspital, give stree		- 1	d. STREET ADDRESS	i.h			e. IS	RESIDENCE
OR INSTITUTION Lee Pl.	ace			408 Lee	Place			10	A FARM?
					_				
3. NAME OF DECEASED	First	Middle	TT -	Lost	4. DATE	Mont	h	Day	Yeor
(Type or print) Joh		н.		rine	DEATH	Oc	rober	20	1960
5. SEX 6. COLOR		RRIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthdoy)		Days Hau	NDER 24 HRS
male whi	te wipo	WED DIVORCED		3/20/1877	,	83 угз.			
 USUAL OCCUPATION (Give kind during most of working life, ever 	d of work done 10	b. KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stote	e or foreign c	auntry)	12. CITIZ	EN OF WHA	AT COUNTRY
bus driver		school bus	301	Maryla	nd		T	I.S.	
13. FATHER'S NAME		TOTAL DOLD	14	. MOTHER'S MAIDEN					- 140
Joshua Horin	е			Alice	Schil	dknecht			
15. WAS DECEASED EVER IN U. S. AI	RMED FORCES?	6. SOCIAL SECURITY NO.	17. INFOR	MANT		Addr	Frede	ani ala	EM.
	or dates of service)		Mrs.	Colon S	mith				
		none	III.S.	Galen S	HILL LILL	613 Wi	lson		
18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAI			1						ND DEATH
IMMEDIATE	CAUSE (a)	Utem	19					21/	2 mone
0.00	DUE TO		- 1					100	
Conditions, if ony, which	(b)	Chrone	0	yelone p	hr. J.	1		3m	conths
gove rise to immediate (couse (o), stating the under-	DUE TO							3	
lying couse last.	(c)							100	72
PART II. OTHER SIGNIFIC		CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
A a	urusun	af ab	In.	mal C	anto	-			RFORMED?
20g. ACCIDENT WAS UNDERLY	NG □ 20b. D	ESCRIBE HOW INJURY OCCI		-	Port I or Pai	rt II of item 1B.)			
OR CONTRIBUTING CAUSE C	OF DEATH		,						
	- 1	120 20 20 20 20 20 20 20 20 20 20 20 20 2	- DIACE	OF INJURY (Home, far	- 1 205 (CI)		16	ounty)	(Stote
20c. TIME OF INJURY Month,	Whi			street, office bldg., et		or lown)	100	ouniyi	(31016
	19 of w	ork ot work							
21. i certify that (i) (this	haspital) atte	nded the deceased fro	omA	49 15 19	26 e . ta_	Get 20	19.6_	≥, that (1) (we) las
saw the deceased alive									
22a. SIGNATURE	0				/				22b. DATE
I IR	toler	Perman	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.		1.5	SIGNET
22c. PHYSICIAN'S	5-0-0-			22d. ADDRESS				-	1 2/60
NAME (Type)	r. R S	choolman		Fred	erick	Md.			
23g. BURIAL, CREMATION, 23b. DA		23c. NAME OF CEMETE	DV OR CR						C1-1-1
REMOVAL (Specify)					23d. LOCA	TION (City, town, o	ir county)	(State)
burial 10	/23/196		eter			yersvil		Md.	
24. FUNERAL DIRECTOR'S SIGNATUR	E	ADDRESS		250. REC	OCT 2		arthur .	NATURE Than	4
Gladhill Comp	anv. Mi	M muchalbb	53	DATE	0012				

the attending physician and campletely filled in \varkappa_y the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamay be recorded by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 at the State Board of Health prior to burial, cremotian, or remaval, and in ony event, within 72 haurs after deaths. VR A15 (4) 15M 9/59

'y ofter death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11369

a. COUNTY	Frederick		MARYLAND	2. USUAL RESIDENCE (Who a. STATE Mary		. If institution b. COUNTY		before admi	
b. CITY OR TOWN RURAL and give Braddock	(If autside corporate limits, negrest tawn) Heights	write c. LENGTH OF	Section 1	c. CITY OR TOWN (If or	utside carporate lin				vn)
d. NAME OF HOSP	TAL (If not in hospital, give a Convalesce)	e street address) nt & Rest Ho	ome	d. STREET ADDRESS Near Jeff	erson			ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	First LERO		Middle LLER	Lost HORINE	4. DATE OF DEATH	Octo		Doy 27,	Year 19 60
s. sex Male	9377 0 4	MARRIED A NEVER A	MARRIED	B. DATE OF BIRTH March 17, 18	. las	E (In years Lbirthday) yrs.		YEAR IF UNI	_
Farming	ION (Give kind af wark da irking life, even if retired)	Dairy	NESS OR INDUS	TRY 11. BIRTHPLACE (Stote Maryl	and		12. CITIZE	USA	COUNTRY
3. FATHER'S NAME	arl y on Rando.	lph Horine		14. MOTHER'S MAIDEN N	^{AME} a Eliza (Culler			
5. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FORCE (If yes, give war or dates of serv			s. Bertha H.	Horine-Sa	Addi		#2	
			X	nelilan				/	
Canditians, if gave rise ta cause (a), stating lying cause last	immediate g the <u>under-</u> (c)_		Se	nelly				/	yea
Canditions, if gave rise to couse (a), stating lying cause last PART II. O' OR CONTRIBUTING (IF EITHER, NOTIF	DUE TO any, which immediate g the under (c)_ THER SIGNIFICANT CONDI			NOT RELATED TO THE TERMI			'EN IN PART	PERF	ORMED?
Canditions, if gave rise to couse (a), stating lying cause last PART II. O' OR CONTRIBUTING (IF EITHER, NOTIF	DUE TO any, which immediate g the under (c). THER SIGNIFICANT CONDI (AS UNDERLYING CONDICATED CAUSE OF DEATH Y MEDICAL EXAMINER) DUE TO (C). (AS UNDERLYING CONDICATED CAUSE OF DEATH Y MEDICAL EXAMINER)		URY OCCURRED		Part I ar Part II af	item 1B.)		PERF	ORMED?
Canditions, if gove rise to cause (a), stating lying cause last PART II. O' PART II. O' 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF Haur a.m. p. m. 21. I certify the saw the deceded	IMMEDIATE CAUSE (a) DUE TO DUE TO GIVEN TO THER SIGNIFICANT CONDI VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) DUE TO COLUMN TO DUE TO COLUMN TO DUE TO COLUMN TO DUE TO DUE TO DUE TO DUE TO COLUMN TO DUE TO DU	20d. INJURY OCCURRE While Not while at wark at the dece	ED 20e. PL/	D. (Enter nature of injury in F ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.	20f. (City or ton	item 1B.)	(Ca	PERF YES [ORMED? NO [
Canditions, if gove rise to cause (a), stating lying cause last PART II. O' PART II. O' 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUMENT	IMMEDIATE CAUSE (a) DUE TO DUE TO (b) OUE TO OUE TO (c) THER SIGNIFICANT CONDI VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) DUE TO (c) THER SIGNIFICANT CONDI (d) (d) (d) (e) (e) (e) (f) (f) (i) (i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iv)	20d. INJURY OCCURRE While Not while at wark at the dece	URY OCCURRED 200. PL/ face cased fram	O. (Enter nature of injury in FACE OF INJURY (Hame, farm trary, street, affice bldg., etc.	20f. (City or too	item 1B.)	(Co	PERFYES [(State (we) land abaye
Canditions, if gove rise to cause (a), stating lying cause last PART II. O' PART II. O' 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF Haur a.m., p. m., 21. I certify the saw the deceded.	IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO DUE TO Column and the service of the under of the	20d. INJURY OCCURRE While of work of work attended the dece 2.7 1960.	URY OCCURRED 200. PL/ face cased fram	CE OF INJURY (Hame, farm fary, street, affice bldg., etc. 2 - 7 19 eath accurred at 2:0 M.D. PHYS. ME PHYS. North Ma	20f. (City or too	vn) - 21 - causes an	(Co 19.6 ad an the rederi	that (I) date state LO/28/	(State (we) la dabaye

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

11370

1. PLACE OF DEATH									
a. COUNTY	ederick		MARYLA		usual residence (Who o. STATE Marvlat		lived. If institution b. COUNTY	residence bef	
b. CITY OR TOWN (I	f outside carparate limi	its, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (If a		ate limits, write RL	2 2 0 0 0 0	
Emmitsb			35 vear	sX	Emmitsbu	g.			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, gast Main				d. STREET ADDRESS		Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Dorot		Middle Cramer	Ke	lost rrigan	4. DATE OF DEATH	Octobe	_	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. D.	ATE OF BIRTH	9	P. AGE (In years last birthday)		R IF UNDER 24 HRS
remale	White	WIDOWE			pt. 18,189		62 yrs.	Manths Days	Haurs Min.
0a. USUAL OCCUPATION during most of work HOUSE 3. FATHER'S NAME	ON (Give kind of work king life, even if retired WIT O	done 10b. I	CIND OF BUSINESS OR		Frederic MOTHER'S MAIDEN N	K CO.	Md.	U.S	• A •
	id Cramer				Frances		า๋คท		
5. WAS DECEASED EVE		CES? 16. S	SOCIAL SECURITY NO. 8-40-3557		RMANT Ward Kerr		100 É	st Mai	
			-			mse		,	
Conditions, if a gave rise to it cause (a), stating lying cause last. PART II. OTH	mmediate the <u>under-</u> DUE TO	()	ONTRIBUTING TO DEAT	TH BUT NOT	T RELATED TO THE TERMI			EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NOT
gave rise to it cause (a), stating lying cause lost. PART II. OTHER CONTRIBUTING (IF EITHER, NOTIFY	ny, which (b) (b) TC the under-	i) iditions <u>c</u>			RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	PERFORMED?
gave rise to it cause (a), stating lying cause lost. PART II. OTHER CONTRIBUTING (IF EITHER, NOTIFY	ny, which mmediate the under- DUE TO (c) HER SIGNIFICANT CON SUNDERLYING	DIDITIONS CO	RIBE HOW INJURY OCC	CURRED. (E		NAL DISEASE Part I ar Part	CONDITION GIV	EN IN PART 1(a)	PERFORMED? YES NOT
gave rise to it cause (a), stating lying cause lost. PART II. OTHER OF INJURY 20c. TIME OF INJURY Hour a.m. p. m. 21. I certify the alive an	ny, which mmediate the under- DUE TO (c) HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye	20b. DESC ar 20d. IN While at work	RIBE HOW INJURY OCCURRED Not while of work	CCURRED. (E. PLACE factory,	OF INJURY (Hame, farm street, affice bldg., etc.	Part I ar Part , 20f. (City) M, fram t	CONDITION GIV II of item 18.) ar town)	(Caunty That I last so d an the dat	YES NOTO
gave rise to it cause (a), stating lying cause lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a. m. p. m. 21. I certify the alive an ACTUAL SIGNATURE	Ny, which mmediate the under. DUE TO (c) HER SIGNIFICANT CON (C) SUNDERLYING (C) HER SIGNIFICANT CON (C) SUNDERLYING (C) HER SIGNIFICANT CON (C) HER	20b. DESC 20b. DESC ar 20d. IN While at wark decease	RIBE HOW INJURY OCCURRED Not while of work occurred	COURRED. (E	OF INJURY (Hame, farm street, affice bldg., etc.	Part I or Part 20f. (City M, fram t ADDRESS (Str	condition GIV II af item 1B.) ar town) he causes and eet, city ar town,	(County	PERFORMED? YES NOTO

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	and and alte	MARYLAND	2. USUAL RESIDENCE (Where on STATE		If institution:	Kesidence beto	re admissi	Olly
	rederick If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	1970	te meite PIIP	Freder	iek	1
RURAL and give n	earest town)	Tife	Brunswick	oe corporore min	is, withe ROK	At one give ne	a (63) (64)	
d. NAME OF HOSPI	TAL (If not in haspital, give stree	Marie and an	d. STREET ADDRESS				e. IS RESI	DENCE
OR INSTITUTION	801 East	Dite	801 Eas	st "D"				FARM?
3. NAME OF DECEASED (Type or print)	First Richard	Middle Creighton F	Last 4.	DATE OF DEATH	Month	25	1	960
S. SEX		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		UNDER 1 YEAR		
Male	White wipov		10-5-1903	lost b		Months Days	Hours	Min.
Oa. USUAL OCCUPATION	ON (Give kind of work done 10th king life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fo	oreign country)		12. CITIZEN O	F WHAT C	OUNTRY
Stationar		B.&.O.R.R.Co	Maryland			U.S.	A .	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	E				
H	ugh C.Kline		I	Ella Mo	ler			
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO.	NFORMANT		Address	s		
No	(ii yes, give won or oures or service)	I N	rs.Zoe Kline	Bruns	riek.	Marvla	nd	
PART I. DEA	TH WAS CAUSED BY:	(and and	are to	A VIII	000	_ //	ST AND	120
Canditions, if a gave rise to i couse (o), stating lying cause last.	IMMEDIATE CAUSE (o) DUE TO (b) Men diate the under (c) HER SIGNIFICANT CONDITIONS AS UNDERLYING (20b. DE CAUSE OF DEATH)		NOT RELATED TO THE TERMINAL D. (Enter noture of injury in Port			~ (4	19. WAS /	
PART I. DEA Canditions, if a gave rise to i couse (o), stoting lying cause last. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING	IMMEDIATE CAUSE (o) DUE TO (b) Mer diate the under: HER SIGNIFICANT CONDITIONS AS UNDERLYING COUSE OF DEATH MEDICAL EXAMINER) AS WASHINGTON TO THE CONDITIONS AS UNDERLYING COUSE OF DEATH MEDICAL EXAMINER AS WASHINGTON TO THE CONDITIONS AS WASHINGTON TO THE COURT TO T	SCRIBE HOW INJURY OCCURRI	D. (Enter noture of injury in Port		em 1B.)	~ (4	19. WAS / PERFO YES	AUTOPSY RMED?
PART I. DEA Canditions, if a gave rise to i couse (o), stoting lying cause last. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	IMMEDIATE CAUSE (o) DUE TO (b) DUE TO (c) HER SIGNIFICANT CONDITIONS AS UNDERLYING (c) CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 20d. Whill 19 Out I gttended the deceded	INJURY OCCURRED Not while of work and that death	D. (Enter noture of injury in Port ACE OF INJURY (Home, form, 2 ctory, street, office bldg., etc.) accourred at AM, ADD M.D. BT	l ar Part II of ite 20f. (City or tawn 20f. (City o	on 18.) 19. 19. 19. 19. 19. 19. 19. 1	(County) at I last say an the date of the county)	W the destated	(Stote
PART I. DEA Gave rise to i couse (o), stoting lying cause last. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUIN Hour o. m. p. m. 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	IMMEDIATE CAUSE (o) DUE TO (b) mmediate the under: HER SIGNIFICANT CONDITIONS AS UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 20d. Whill 19 at wo	INJURY OCCURRED Not while of work and that death	D. (Enter nature of injury in Port ACE OF INJURY (Home, form, 2 ctory, street, office bldg., etc.) accourred at 1 AM, ADD M.D. BT	l ar Part II of ite 20f. (City or tawn 20f. (City o	tuses and y or town, sto	(County) at I last say an the date of the county)	v the destated	(Stote

the funeral directar, shauld be filed with

rs after death. Page 4

TO HOSPITATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 host may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Then please remave carban papers. the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours page 3 shauld be detached far use as the burial-transit permit.

VS A1S (4) 1SM 9/5B

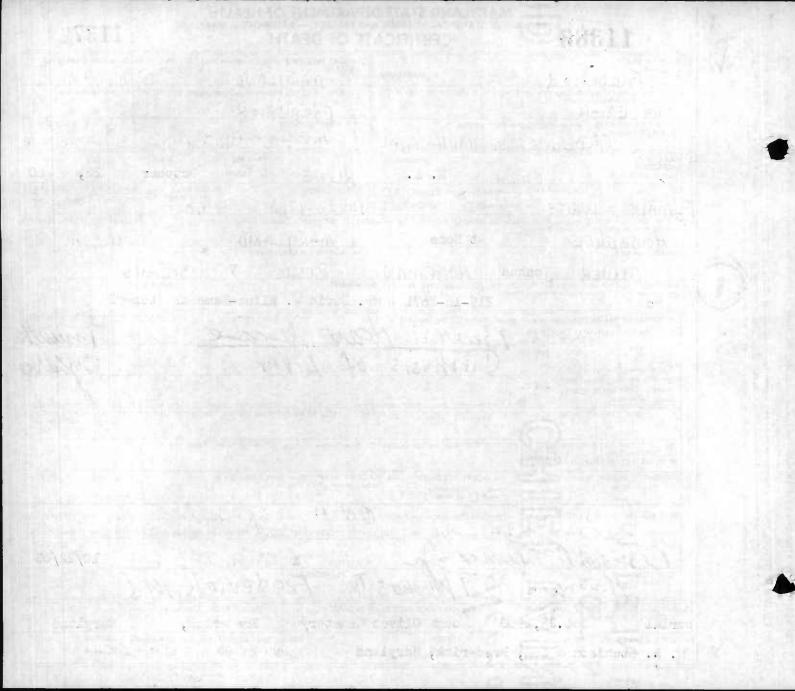
TOTAL SI LIOMIUS HOIAS ON TOSMINAS OF TATE OFFICE HEART TO STRUCTS OF JEASTH 100 team 100 team 100 team 100 The state of the second section of the second section is the second section of the section of the second secti English reform f. two read, is been all units of . were Aveitent land a See to the larger of the color of the Marcon Color 1-01, Talliand

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11970

4		L		11383	CERTIFICA	ATE OF DEATH		11912
Page	director filed with	1)		LACE OF DEATH COUNTY	MARYLAND	O STATE	b. COUNTY	Residence before admission)
death.	uneral Id be fi			CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	11 -00	utside corporate limits, write RURA	L ond give nearest town)
s after	2 should	17		I. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
24 how	filled in ges 1 and sath.	2 1		IAME OF First PECEASED Type or print)	Middle E. A.	Lost	4. DATE Month OF DEATH October	Day Yeor
within	etely fil . Page ter deat		S. :	EX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HI onths Days Hours Min
cecuted	papers pours of		100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		OUSTRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTR
e pe e	an and carbon in 72 h		13.	FATHER'S NAME	At nome	14. MOTHER'S MAIDEN N	AME CO-	U.S.M.
certificate	physici emove	1		no, or unknown) (If yes, give war or dates of service)		INFORMANT NO PORTED TO THE PERSON OF THE PER	Address Line-Same as Ite	KS #2
th c	ding ase r		-			Mr. David W. A	FILE-Dame as Inc	INTERVAL BETWEEN
the dec	e aften nen ple nd in an			18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Berberi /	teast des	eare	ONSET AND DEATH
s that	d by th mit. Th			Conditions, if ony, which gove rise to immediate (b)	irwhesis	of Live	V	zyar
require an.	n signe isit peri			lying couse lost. DUE TO (c)				
he law physici	nas bee rial-trar nation,		CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM!	nal disease condition given	IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
IAN: T	ficote the build of the crement	0	CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in f	Port I or Port II of item 18.)	
PHYSIC	his cert use as to buri		MEDICAL	Hour o. m. Whi		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	, 20f. (City or town)	(County) (Sta
ADING hospite	After the ched for the prior			21. I certify that (I) (this haspital) atters saw the deceased alive an 10-22			M. from the causes and	
ATTEN	ECTOR: be detacted af Heal			220. SIGNATURE SERMANDO TUN	nes In		ED. STAFF PHYS.	10/22/60 ^N
T OF	should be	1		22c. PHYSICIAN'S NAME (Type) Bernard	Thomas	22d. ADDRESS.	devick, M	4
HOSPI may be	page 3 sithe State	9	23c B1	BURIAL, CREMATION, 23b. DATE THEREOF Oct. 25,1960	Mount Olive		23d. LOCATION (City, town, or c	ounty) (Stote) Maryland
VR A	2 °± 15 (4) 9/59	10,		funeral director's signature 1. R. Etchison & Son, Fr	ADDRESS ederick, Maryl			AR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPIT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11373

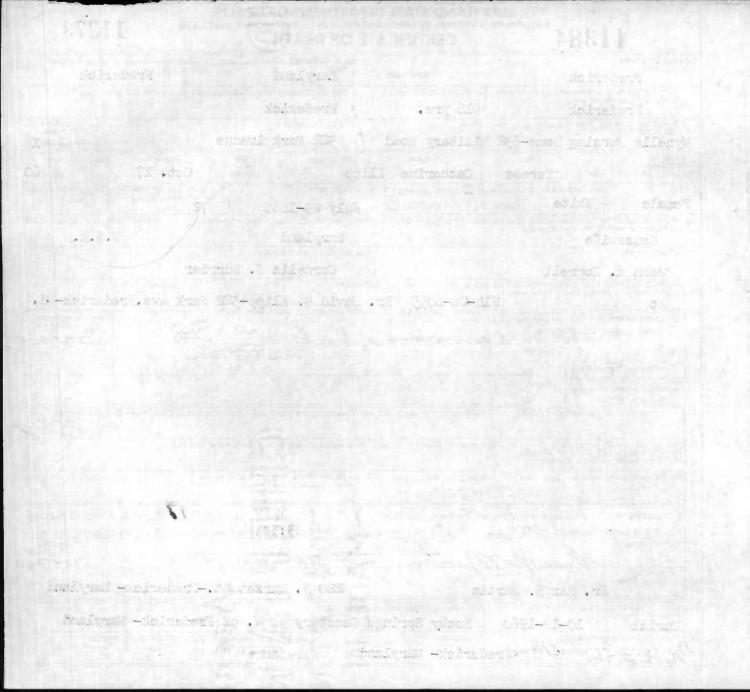
11384

1. PLACE OF DEATH a. COUNTY	erick		MARYL		usual RESIDENCE	(Where decease nd	d lived. If institution b. COUNTY			sian)
b. CITY OR TOWN (I RURAL and give no	f outside carporate lim	its, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN	(If autside carpa	rate limits, write R	URAL and give	nearest tawr	n)
OR INSTITUTION	E OF HOSPITAL (If not in hospital, give street address) ISTITUTION ILLE Nursing Home—632 Military Road				d. STREET ADDRES	rk Avent	ıe			FARM?
3. NAME OF DECEASED (Type or print)	Fi Ter		Catherine	Kli	pp	4. DATE OF DEATH	Oct		,	Year 19 60
5. SEX Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED		July 23-1	.888	9. AGE (In years last birthday) 72 yrs.	Manths Day	-	ER 24 HRS. Min.
	king life, even if retired		. KIND OF BUSINESS OR		Marylan 4. Mother's Maid	d	auntry)	12. CITIZEN	S.A.	COUNTRY?
	Korrell					ia C. B	urrier			
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	Mr .	David C.	Klipp-3	Add 22 Park A		erick	-Md.
Canditians, if a gave rise ta i cause (a), stating lying cause last. PART II. OTH	mmediate DUE TO	o) o	CONTRIBUTING TO DEA	TH_BUT NO	OT RELATED TO THE T			VEN IN PART 1(c) 19. WAS PERFO	DRMED?
U (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED. (Enter nature of injur	y in Part I ar Pa	rt II af item 1B.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	20d. While at wa	Nat while_		OF INJURY (Hame, ,, street, affice bldg.		y ar tawn)	(Caun	ty)	(State)
21. I certify the saw the decea: 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		n/	Martin		ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR			te stated	abave. Rb. DATE SIGNED - 17-6
23a. BURIAL, CREMATIC REMOVAL (Specify)	N, 23b. DATE THERE	OF	23c. NAME OF CEME		REMATORY Cemetery		TION (City, tawn, f Freder		yland	
24 FUNERAL DIRECTOR Dailey 9:		metr	ADDRESS ederick- Max	ylan		REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGNA	JURE	

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 may be read by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled it. The funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please removes carbon papers. Pages 1 and 2 should be filed with the State Baard af Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11374

	1. PLACE OF DEATH G. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Free	before admission)
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Frederick-Rural R.D.#6 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Frederick-Rural-R.D.#6	re nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Poptlar Heights	d. STREET ADDRESS Poplar Heights	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) WILLIAM WALTER	LEFFEL 4. DATE Month OF DEATH October	3, 79 60
	5. SEX Male 6. COLOR OR RACE White Widowed Divorced Divorced		YEAR IF UNDER 24 HRS Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Carpenter & Farmer General	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE Virginia	USA
	V3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Jacob Preston Leffel	Fannie Ellen Walker	
	(Yes, no, or unknown) (If yes, give war or dates of service)	rs. Ruby K. Neel-Same as Item #2	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which (b)	the heart disease	INTERVAL BETWEEN ONSET AND DEATH 5 4
	gave rise to immediate couse (a), stating the under-lying cause last. DUE TO Pulmonary	enghysema	A LIVE WAS ALITORSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
		ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Cactary, street, affice bldg., etc.)	aunty) (State
	21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 2-2,1960 and that of	3 - 2 1957, ta 10 - 3 - 1960 death accurred at 3 45M, from the causes and an the	2, that (I) (we) las date stated abave
		M.D. PHYS. MED. STAFF DIRECTOR PHYS.	22b. DATE 10/3/60 IGNE
	22c. PHYSICIAN)s' NAME (Type) Rex R. Martin, M. D.	North Market Street, Frederic	k, Maryland
	23d. BURIAL, CREMATION, BURIAL (Specify) Oct. 1960 Shawver Ceme		, Va.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryl.	and DATE OCT 6 '60 25b. REGISTRAR'S SIGN	VATURE Thomas

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr may be research be the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death. TO HOSPIT

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VR A15 (4) 15M 9/59

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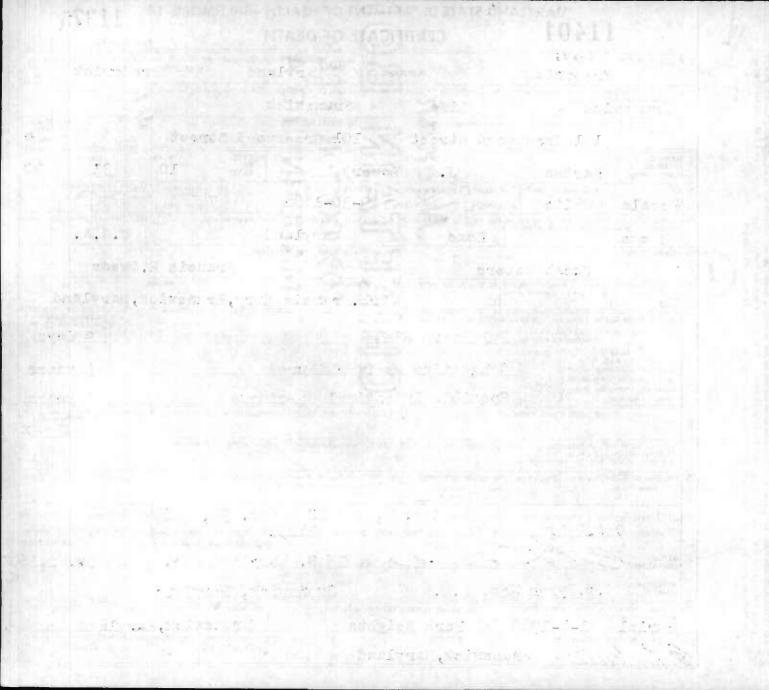
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11401

CERTIFICATE OF DEATH

11375 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	rederick		MARYLA		o. STATE Mary	(Where deceos	ed lived. If institut b. COUNTY	ion: Residen	ce before	admission) K
b. CITY OR TOWN (I RURAL ond give n Brunswi	f outside carporate limit porest town)	ts, write	c. LENGTH OF STAY IN	l 1b	c. CITY OR TOWN Brunswi		porote limits, write	RURAL and	give neare	st town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspitol, g			34	d. STREET ADDRES		Street			IS RESIDENCE ON A FARM
3. NAME OF DECEASED (Type or print)	Martha Fire		Middle	Lowe	Last	4. DATE OF DEATI	Mo 1.0		31 ^{Day}	Year 19
5. SEX Female	6. COLOR OR RACE	7. MARRIE	DIVORCED	B.	DATE OF BIRTH 0-30-1886		9. AGE (In years	Months		UNDER 24 H
00. USUAL OCCUPATION during most of work	ON (Give kind of work oking life, even if retired)		IND OF BUSINESS OR	INDUSTI	Maryla		country)		S.A	/HAT COUNT
3. FATHER'S NAME	Jacob Wa	ters			14. MOTHER'S MAID		rancis	E.OW	ens	
	R IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16. S			ormant Francis		Ad	dress		and
Conditions, if a gave rise to i couse (a), stating lying couse last.	mmediate (DUE TO	Con	monary Ed gestive H sible Int	lear est	t Failur inal Car	cinoma		IVEN IN PAE	3	days year
S	AS UNDERLYING CAUSE OF DEATH		RIBE HOW INJURY OCC			•				PERFORMED YES NO
-	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yea	While	JURY OCCURRED 2 Nat while of work	0e. PLAC focto	E OF INJURY (Home, ry, street, affice bldg.	farm, 20f. (Ci	ity or tawn)	(1	Caunty)	(51
alive an OC	at I attended the	. 106	Q, and that c	death o	occurred al: 2	5AM, from ADDRESS (Maryla	the causes a Street, city or town	nd an the n, state)	e date s	
220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREC	F	22c. NAME OF CEMET		CREMATORY	22d. LOC	ATION (City, town,	or county)	7	(Stote)
Burial 23. FUNERAL DIRECTOR			Park He ADDRESS Wick, Mary		24a.	REC'D BY REGI		SISTRAR'S SI Cirthun	GNATURE	



arthur S. Kraus

DATE OCT 2 0 '60

11385

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If i o. STATE b. CC	nstitution: Residence before admission) UNTY Frederick
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give neotest town) Frederick	l day	c. CITY OR TOWN (If outside corporate limits, Brunswick	35
d. NAME OF HOSPITAL (If not in hospitol, give st OR INSTITUTION Memorial H		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) The Characteristics of the Company of the Com	Middle h	t hell 4. DATE OF DEATH	Month Day Yeor
Male White win	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In lost birth 71	yeors IF UNDER 1 YFAR IF UNDER 24 HR hdoy) yrs. Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer	10b. KIND OF BUSINESS OR INDU B.&.O.R.R.CO	STRY 11. BIRTHPLACE (Stote or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME James: A. Mi	tchell	14. MOTHER'S MAIDEN NAME Ellen V.	T arms a
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or doles of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT PS.Reva Mitchell, Bru	Address
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	Arteriesch	when Geart Disex	es 6 weeks
ICATIO		NOT RELATED TO THE TERMINAL DISEASE CONDITION D. (Enter noture of injury in Port I or Port II of item	PERFORMED? YES NO
	Od. INJURY OCCURRED 20e. PL /hile Not while fo work ot work	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (Stot
21. I certify that (I) (this hospital) of saw the deceased alive on 220. SIGNATURE	17	2 444	es and on the dote stoted above
22c. PHYSICIAN'S	asse	M.D. ATTENDING MED. STAFF PHYS. [SIGNE
NAME (Type) A.A.Pearr	•	1 Trederica	(hel
230. BURIAL, CREMATION, 236. DATE THEREOF BURIAL (Specify) 10-20-196	23c. NAME OF CEMETERY CO		toyn, or county) (Stote)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 DEC'D DY DECISTRAD COL	DECISTOAD'S RICHIATURE

Brunswick, Maryland

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be recorded by the haspital ar othending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board at Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11386 **CERTIFICATE OF DEATH** 11377

	2 2 1	,						Key. Di	31. 140.	
1. PLACE OF DEATH FREDERICK			MARYLA		USUAL RESIDENCE (VO. STATE RYLAND	Vhere decease	ed lived. If institution b. COUNTY	REDE	RICK	admission)
b. CITY OR TOWN (I RURAL and give no FREDE RICK	f autside corporate limi porest tawn)	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (III FREDERICK	autside corp				st town)
	AL (If not in hospital, g		oddress)	5	d. STREET ADDRESS 13 NORTH M	ARKET	STREET	1		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CORA	sf	MARGARET		Lost MURPHY	4. DATE OF DEATH	Moni OCTOBER	th '	Doy 19	Yeor 1960
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARR	TED NEVER MARRIED	_	RIL 30.186	7	9. AGE (In years last birthday) 93 yrs.	Months		Haurs Min.
100. USUAL OCCUPATION during most of work HOUSEWORK	DN (Give kind of work in king life, even if retired	done 10b.	KIND OF BUSINESS OR HOUSEWORK						S.A.	WHAT COUNTRY
LEWIS W.RI	DDLEMOSER			1	ALICE STU					
15. WAS DECEASED EVE			SOCIAL SECURITY NO. NONE	17. INFO			Addr. DIAMOND A		AITHE	RSBURG, M
Canditions, if a gave rise to i couse (a), stating lying cause last. PART II. OTP	mmediate the under-	6	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TER	Ellen MINAL DISEA	SE CONDITION GIVE	EN IN PAR	17 1(o) 19.	WAS AUTOPSY PERFORMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED. (E	nter nature of injury in	n Port I or Po	rt II of item 18.)		Υ	YES NO
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Doy, Yes	While	NJURY OCCURRED 20 Not while at work	De. PLACE factory	OF INJURY (Home, far street, affice bldg., e	rm, 20f. (Cit	y or town)	(1	County)	(State)
21. I certify the alive on Control Actual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	decease , 1%		/7 eath oc 	Profession	M, fro	m the causes a street, city ar town, stillding, I	nd on t	he date	DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) BURTAL	10/22/60)F	22c. NAME OF CEMETE MOUNT OLIVE		ematory ETERY		TION (City, town, o		ND	(State)
23. FUNERAL DIRECTOR		EAST	ADDRESS CHURCH ST.	FREDE		OCT 2 4			S. Krau	.

MARYLAND.

may be inject by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

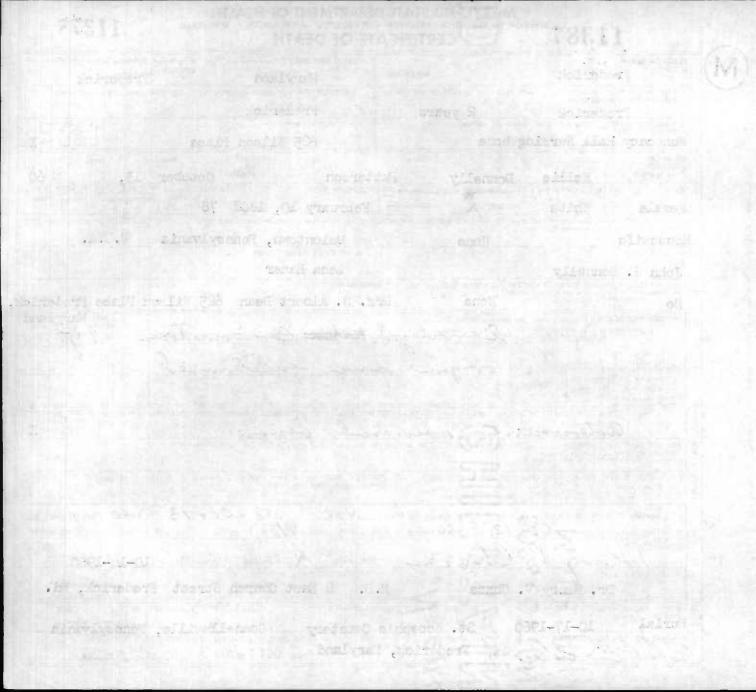
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OUTSHWITE STA	CORPUSE WILLIAM			a dick	
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

after death. Page 4

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Monocacy Hall Nursing Home	Frederick d. STREET ADDRESS 625 Wilson Place 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) Nellie Donnelly Pat	Lost 4. DATE Month Day Yeor OF DEATH October 13. 19 60
	8. DATE OF BIRTH 9. AGE (In years lost birthday) 78 yrs. February 10. 1882 9. AGE (In years IF UNDER 1/4 ARS. IF UNDER 24 HRS. Months Doys Hours Min. Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME John J. Donnelly	II. BIRTHPLACE (Stote or foreign country) Uniontown, Pennsylvania 14. MOTHER'S MAIDEN NAME Lena Bauer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address S. H. Albert Dean 625 Wilson Place Frederic
arteriorlystic Cardiova	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City ar tawn) (County) (Stote)
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive on OC+1-3	McV. 1958. to OCF 13 1960, that (i) (we) last death accurred at 100 M, from the causes and an the date stated above. M.D. ATTENDING MED. STAFF PHYS. 10-11-1960 22d. ADDRESS D. 4 East Church Street Frederick, Md.
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frederick, 1	Cometery Connellsville Pennsylvania



TO HOSPITA

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	Frederick	MELL	MARYLA		usual residence (Va. STATE	Where deceased aryland	lived. If instituti b. COUNTY		e before od	
b. CITY OR TOWN (I RURAL ond give no Freder		ts, write c.	LENGTH OF STAY IN	N 16	c. CITY OR TOWN (III Frede:		ote limits, wrile R	URAL and g	jive nearest t	own)
OR INSTITUTION	AL (If not in hospitol, g				d. STREET ADDRESS	Seventh	Street		O	RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print)	Fir EX	SIE	Middle MAY		PETTINGA.	4. DATE OF DEATH	Oct	ober	26,	79 60
5. SEX Female	6. COLOR OR RACE	7. MARRIED			May 31, 18		9. AGE (In yeors lost birthdoy) yrs.	IF UNDER Manths	Days Hou	NDER 24 HRS. urs Min.
100. USUAL OCCUPATIO	king life, even if retired	1	D OF BUSINESS OR	INDUSTRY		ryland	untry)	12. CITI	ZEN OF WHA	AT COUNTRY?
13. FATHER'S NAME Char	les R. Mobe	erly, S	r.	1	. MOTHER'S MAIDEN	sa Bren	gle			
15. WAS DECEASED EVE		CES? 16. SOC	IAL SECURITY NO.	Mr.	MANT Harry E. P	ettinga		as It	em #2	1
Canditians, if a gove rise to i couse (o), stoting lying couse lost.	mmediate () C	TRIBUTING TO DEAT	Çe	T RELATED TO THE TER	PMINAL DISEASE	CONDITION GI	VEN IN PAR	3 T 1(0) 19. W	AS AUTOPSY REFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Ye			20e. PLACE	of INJURY (Home, fc, street, office bldg.,	arm, 20f. (City		((YES	(Stote)
	it (I) (this hospito sed olive on L. R. Sch	ot work [1] attended (0/26)	the deceased f		h occurred at	MED.	the couses an	nd on the	dote sto	
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial		OF 2:	3c. NAME OF CEMET Mount Oli				ION (City, town,		Maryl	(State) and
24. FUNERAL DIRECTOR M. R. Etch	s signature nison & Son	, Frede	address crick, Mar	yland		OV 1'60	,	then &		

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L. s. soprovinas, s.D. = 1 - 1246 Telephone - 1566 Telephon.

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Then please remave carbon papers. Pages 1 and in any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11380

11389

1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESID	ENCE (Where deced	sed lived. If institut b. COUNTY		before admiss	sion)
RURAL ond give	ick	Life	10 F	rederick	porote limits, write I	RURAL ond give		
OR INSTITUTION	Market Street	t address)	d. STREET AD	uth Marke	t Street		ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First SUSIE	Middle ISABELL	RAMS	BURG 4. DATE			Day	Year 19.60
s. sex Female		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	14, 1877	9. AGE (In years last birthdoy) 82 yrs	Months Do	YEAR IF UND	Min.
House-wor	ION (Give kind of work done 10th prking life, even if retired)	At Home		Marylar			N OF WHAT	COUNTRY
13. PATHER'S NAME	John F. O. Ba	aumgardner	14. MOTHER'S A	Fannie	Sinn			
15. WAS DECEASED EN (Yes; no, or unknown)	/ER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	informant c. Jesse C	. Ramsbur		Item #	#1	
	g the under-	Certainsol	e Her	I Fa	Viscise		INTERVAL BI	
PART II. O	THER SIGNIFICANT CONDITIONS	Drobites	IT NOT RELATED TO		ASE CONDITION GI	VEN IN PART 1	PERFC	AUTOPSY ORMED?
OR CONTRIBUTION	VAS UNDERLYING 20b. DE IG CAUSE OF DEATH PY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURE	RED. (Enter noture of	injury in Port I or P	ort II af item 18.)			
20c. TIME OF INJU Hour o. m p. m	. Whil		PLACE OF INJURY (H factory, street, office		ity or town)	(Cou	inty)	(State
saw the dece	nat (1) (this haspital) atter ased alive an OT (o ut/3 in the causes a			
22a. SIGNATURE	Mornan C	Etime	M.D. ATTENDING		STAFF PHYS.		10/1	5/60ED
22c. PHYSICIAN'S NAME (Type)		one, M. D.	West	Third Str	eet, Fred	erick,	Maryla	and
23a. BURIAL, CREMAT BREMOVAL (Specif	Oct •17,1960	23c. NAME OF CEMETERY Mount Olivet		1	ATION (City, town, rederick,	or county)	(Sto	
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		250. REC'D BY REG	STRAR 2Sb. REG	Istrar's SIGN	ATURE	

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has may be received by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the buriol-transit permit. the State Boord of Health priar to burial, cremotian, or remaval, VR A15 (4) 1SM 9/S9

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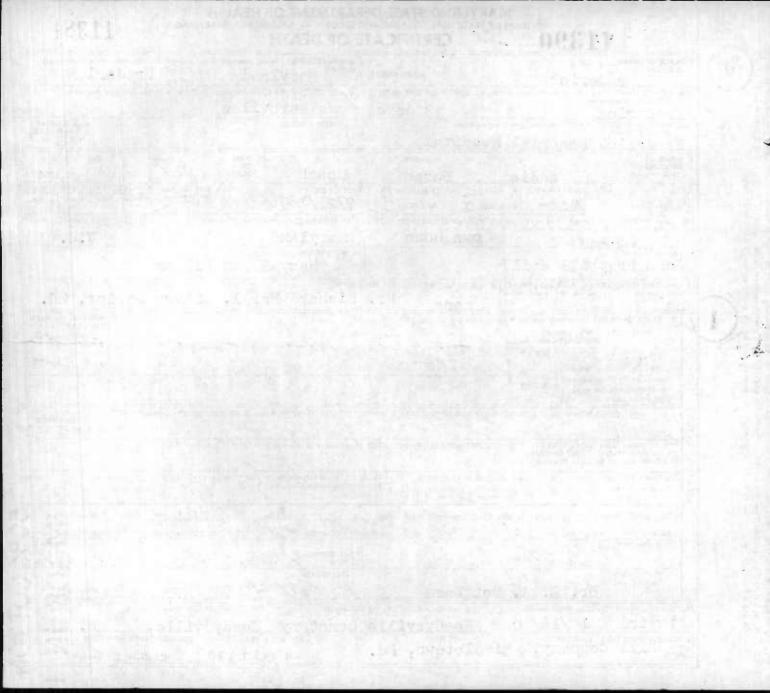
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Then please remave carban papers. Pages 1 and 2 shauld be filed with TO HOSPIT! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou may be recorded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h VR A15 (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY Frederi	ck	MARYLAND	2. USUAL RESIDENCE (Wary]		If institution: Rep. COUNTY F	esidence before od	mission)
b. CITY OR TOWN (If autside RURAL and give nearest tow	carporote limits, write		Walkers		nits, write RURAL	ond give nearest t	lown)
d. NAME OF HOSPITAL (If no OR INSTITUTION			d STREET ADDRESS) v m 110		0	RESIDENCE N A FARM?
Frederick Me	emorial H	ospital				YES	NO E
3. NAME OF DECEASED (Type or print)	Addie	Middle Susan	Roach	4. DATE OF DEATH	get.	Day 12	Year 19 6
	OR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7/21/1876		E (In years IF UI	NDER 1 YEAR IF U	
10a. USUAL OCCUPATION (Give during most of working life, housewif. 13. FATHER'S NAME John Graybil	even if retired)	o, kind of Business or Indu own home	Maryland	1		2. CITIZEN OF WH.	
15. WAS DECEASEDEVER IN U. S (Yes, no, or unknown) (If yes, give	5. ARMED FORCES? 16 war or dates of service)		NFORMANT . Richard N	Vaill, S	Address ilver S	pring,	Md.
Conditions, if ony, whing gave rise to immedio cause (a), stoting the underlying cause last. PART II. OTHER SIGN	CAUSED BY: IATE CAUSE (a) DUE TO (b) (b) IVIT (C) IIFICANT CONDITIONS	cute Pilm	T NOT RELATED TO THE TER/	MINAL DISEASE CON	DITION GIVEN IN	(o .ve	reprett
20a. ACCIDENT WAS UNDE OR CONTRIBUTING CAU UIF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY Mont Hour o. m. p. m.	h, Doy, Year 20d. Whil	INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, far betory, street, office bldg., e	rm, 20f. (City ar tov		(Caunty)	(Stote
saw the deceased ali 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	e an (Ict.	ded the deceased fram. 12 1960, and that e	death accurred at	MED. STADIRECTOR PH	causes and a	19.60 that (In the date sta Pot. 1: Many 1	
	0/16/60	23c. NAME OF CEMETERY C	e Cemetery	23d. LOCATION (ville.	Md.	(Stote)
24. FUNERAL DIRECTOR'S SIGNA Gladhill Comp	dany, Mi	ddletown, Md	• DATE	OCT 1 8 '60	25b. REGISTRAN	n's SIGNATURE un S. Kraus	26



FOR STATE

director. Poge for your files. execute existicose, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fundational be forwarded by the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 haurs after death.

TO DEPUTY A	execute to	TO FUNERAL D
	A15	
51	A 2/	57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11391 Reg. Dist. No.

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	PLACE OF DEATH O. COUNTY FI	ederic		MARY	(LAND	o. STATE		Where deceased live	d. If institut b. COUNTY				
1	Frederi	outside corporate limit	s, write RURAL	c. LENGTH OF STAY	IN 1b			R.F.D.2	limits, write	RURAL ond	give n	eorest to	wn)
				hospitol, give street oddres Hospital	is)	d. STREET	ADDRESS					ON	ESIDENCE A FARM? NO
	NAME OF DECEASED (Type or print)	arrie	First	Pauline Middle	S	ayler		4. DATE OF DEATH OC	tober		Doy 5		9 60
5. 3	F	6. COLOR OR R		RRIED NEVER MARRIEI	T	ecemb	er 2	9. AG	E (In years	IF UNDER Months	1YEAR Days	IF UND	ER 24 HRS. Min.
9	. USUAL OCCUPATI during most of worki House wi	ng life, even if reti	vork done 10b red)	. KIND OF BUSINESS OR	INDUSTRY			or foreign country) ck Co.			S.		COUNTRY
13.	FATHER'S NAME Unknown				1	Marc		NAME Blanch	e Sta	ub			6-6
15. (Ye	WAS DECEASED EV	ER IN U. S. ARME (If yes, give wor or do	P FORCES?	16. SOCIAL SECURITY NO.			gare	t Smith	, Walk	ersv	ill	e R	.D.
CATION	Conditions, if a gove rise to imme (o), stoting the couse lost.	diate couse DU	(b)	Pontin CONTRIBUTING TO DEAT				oute and l					
CERTIF	20g. EXTERNAL CA PRIMARY D or CO CAUSE OF DEATH	USE WAS NTRIBUTING	20b. DESCR	RIBE HOW INJURY OCCUP	RRED. (Ente	r nature of in	jury in Par	t f or Port II of item	18.)				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy	w	d. INJURY OCCURRED 21 hile Not while work of work	0e. PLACE factory,	OF INJURY (I street, office	Home, form bldg., etc.	n, 20f. (City or tow	m)	(Cou	inty)		(Stote)
			: Natura	e remains described Il causes , Accid	dent 🔲	Suicide A.D. CHIEF N ASSISTA	MEDICAL EX	Homicide ,		Inquir rmined n	, —,		d in my
220	BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE TH		22c. NAME OF CEMET	ERY OR CR	EMATORY		Lade	le lus	r county)		(State	"
23.	FUNERAL DIRECTO	Sartin	7	Walker	evil	le	246. REC'	OCT 10 60	24b. REGIS	MAR'S SIG	NATUR	End	

21 SHOME IAB STATE DIPARTMENT OF MIAURIMENTS STATE SHALLY HAVE MEDICAL BRAMINGESCERTHICATE OF DEATH Sharvings / " Harbana The fire on the Promise on Pruber . act spinetory . I while we really and the developments or . de la company de

after death. Poge 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

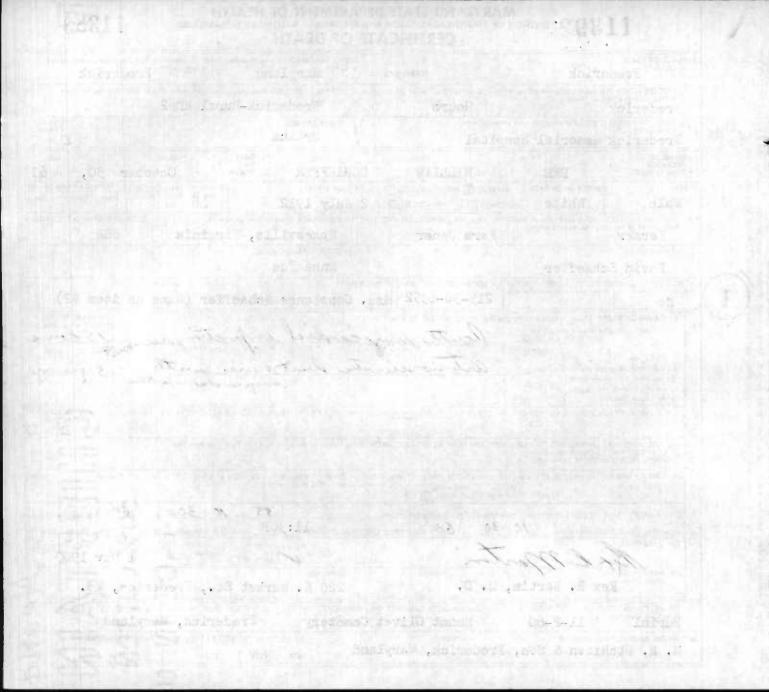
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			CE	KIIFICA	IE OF DE	AII						- 5/
1.	PLACE OF DEATH	erick		MARYLAND		rylai		lived. If institution b. COUNTY	Fred			ion)
	b. CITY OR TOWN (I RURAL ond give no Frederick	f outside corporate limits, earest town)	write c. LENGTH (F STAY IN 16	1 9 4			ate limits, write RI		give near	rest towr	1)
7	OR INSTITUTION	AL (If not in hospital, give Memorial Ho			d. STREET ADI	bana						FARM?
	NAME OF DECEASED (Type or print)	DEE	WILL	Middle	SCHAEFFE SCHAEFFE	R	4. DATE OF DEATH	Mon Oc	tober	· 30		Year 19 6 0
5. 5	Male Male	6. COLOR OR RACE 7. White w		NARRIED	B. DATE OF BIRTH 2 July 1	912		9. AGE (In years last birthday) 40 yrs.	Months Months	Doys Doys	Haurs	Min.
100	during most of wor	DN (Give kind of work don king life, even if retired)	Farm Own					rginia	12. CIT	USA	WHAT	COUNTRY
13.	David S	chaeffer			14. MOTHER'S M		AME					
		R IN U. S. ARMED FORCES (If yes, give war or dates of service			res Consta	nce	Schaef	Addition (Sam		iter	n #2)
NTION	Canditions, if a gave rise to i couse (o), stoting lying couse last. PART II. OTI	mmediate (TIONS CONTRIBUTION		T NOT RELATED TO T	N	NAL DISEASE	condition GIV	VEN IN PAR	RT 1(a) 1	P. WAS PERFO YES	DRMED?
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW II	NJURY OCCURRE	D. (Enter noture of	njury in F	art 1 ar Part	II of item 18.)			TES [NOA
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	Y Manth, Day, Year 19	20d. INJURY OCCUI While Not whi at work ot work	le fo	ACE OF INJURY (Ho ctory, street, office b			ar tawn)	((County)		(Stot
	saw the decea	at (I) (this hospital) of sed alive on			death accurred			10-30- the causes an			stated	
	22c. PHYSICIAN'S NAME (Type)	ex R. Martin	ten'		M.D. ATTENDING PHYS. 22d. ADDRES 220 N	5	RECTOR L	staff phys. □	32,00	31. 3	196	b. DATE OSIGNE
230	BURIAL, CREMATIC			of CEMETERY C	Cemetery		_	ION (City, town,		and	(Sto	te)
24.	M. R. Etc	's signature chison & Son,	Frederic		224		NOV 3		STRAR'S SI			

may be recorded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in 35 the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ed by the haspital ar attending physician. VR A15 (4) 15M 9/59

TO HOSPIT



VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11384

1111	ALLEST CO. CO., CO.	EKTIFICATE	OF DEATH	Reg. Dis	it. No.
1. PLACE OF DEATH o. COUNTY	wet & R.O.		WAL RESIDENCE (Where decease STATE Many	b. COUNTY	le before admission)
b. CITY OR TOWN (If autside or RURAL and give nearest town	orporote limits, write c. LENGTH	OF STAY IN 1b c. C	CITY OR TOWN (If oulside carp	Jane Mad	ive nearest tawn)
d. NAME OF HOSPITAL (IF not i	n haspitol, give street oddress)	d.	STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First H	Middle St	Last 4. DATE OF DEATH	LAC!	Day Year 24 1960
711 9	R OF RACE 7. MARRIED NEV	DIVORCED	OF BIRTH	last birthdoy) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
	nd of work done n, if retired)		Hondston	Tradout (ZEN OF WHAT COUNTRY
N3. FATHER'S NAME	B. Shan	rk.	NOTHER'S MAIDEN NAME	aume	
15. WAS DECEASED EVER IN U. S. (Yes, no, or unknown) (If yes, give w	ARMED FORCES? 16. SOCIAL SECTOR or or dates of service)	VRITY NO. INFORMA	Birt	ha E	hant.
PART I. DEATH WAS C	only one cause per line far (o), (b) AUSED BY: TE CAUSE (o)	, and (c).]	iis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which		opelerotice	ardiovascula	y diserve	15 years
couse (o), stoting the <u>under-</u> lying couse lost.	(c)				
Jeft for	undle branch b	loch			19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	OF DEATH XAMINER)	``	nature of injury in Port I ar Pa		
20c. TIME OF INJURY Month, Hour a.m. p. m.	Day, Year 20d. INJURY OCCU While Not who of work of wark	nile factory, stre	eet, office bldg., etc.)		County) (State)
21. I certify that I atte	nded the deceased fram		1950, to 240 red at 1020 AM, fram	the causes and an the	st saw the deceased date stated above
ACTUAL SIGNATURE	us Stone	M.D		treet, city ar town, state)	DATE SIGNED
PHYSICIAN'S NAME (Type)	AMES E. STON	ER.)R	WALKERSU	ILLE, Md	10/25/60
BEMOVAL (Specify) 10-	27-60 W	OF CEMETERY OR CREMA	96	TION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATU	Andre House	ss. Brida	24a. REC'D BY REGIS		2 11

1200

Kills Karpy St.

CERTIFICATE OF DEATH 11402

Reg. Dist. No.

11385

1. PLACE OF DEATH o. COUNTY	Frederic	k	MARYLA	AND	2. USUAL RESIDENCE (W o. STATE Mary		d lived. If instituti b. COUNTY		_		ion)
b. CITY OR TOWN (I RURAL and give ne Brunsw		s, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF		rote limits, write R	URAL ond	give nea	rest town	.)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, gi				d. STREET ADDRESS	C" Sti	reet	1			FARM?
3. NAME OF DECEASED (Type ar print)	Naomi.		Middle Elizabeth	Si	last gafoose	4. DATE OF DEATH	Mor 10		Do)		Year 1960
5. SEX Female		7. MARR	NEVER MARRIED DIVORCED		6-10-1914		9. AGE (In years lest birthday)	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATION during most of work HOUSOWI 13. FATHER'S NAME	ing life, even if retired) Te		Home	INDUST	Maryla 14. Mother's Maiden	and NAME		U.	S.A		OUNTRY
1S. WAS DECEASED EVE {Yes, no. or unknown}	J.M.Sig R IN U. S. ARMED FORC If yes, give wor or dates of se	ES? 16.			ormant o.J.M.Siga:		Rrunsw	ress	Via ro	rlan	nd
Conditions, if of gove rise to it cause (o), stoting lying couse lost.	the <u>under-</u> DUE TO	<u>C</u> = = = = = = = = = = = = = = = = = = =	AGK SHI	er.	a - De cas	1-ti	the thing	(Fall In) BAG	ONS	RVAL BE ET AND	DEATH
CATIC					(Enter noture of injury in				1 1(0)	PERFO	NO []
	MEDICAL EXAMINER) Y Month, Day, Yea	While	NJURY OCCURRED 20 Nat while k at wark		CE OF INJURY (Home, fari ory, street, office bldg., et		or tawn)	(1	Caunty)		(State)
21. I certify the alive an	C.E.Pruit N, 22b. DATE THEREO	t	, and that d	ERY OR	crematory Heights	M, fram ADDRESS (S B) 22d. LOCA	the causes are treet, city or town, runswie.	k, Maj	e date	stated DAT 0-2 0	d abave
23. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS SWick, Mary	17	24a. REC	CT 2 6 '6	TRAR 24b. REGI	STRAR'S SI	GNATUR	RE	

the funeral directar, should be filed with TO HOSPITA OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h may be recorded by the haspital ar attending physician.

TO FUNERAL AIRECTOR: After this certificate has been signed by the attending physician and campletely filled. Poges 1 Then please remove carbon papers. page 3 shauld be detoched far use as the burial-transit permit. Then please remove carbon pap the registror priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/58

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

o. STATE

CERTIFICATE OF DEATH

11386

Frederick

Day

IISA

Hours

INTERVAL BETWEEN ONSET AND DEATH

Days

e. IS RESIDENCE

ON A FARM?

YES NO T

Year

60

11393

PLACE OF DEATH o. COUNTY

MARYLAND Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Years Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 107 Record Street Frederick Memorial Hospital NAME OF 4. DATE First Middle Last Month DECEASED JOSEPH October SMITTH EDWARD DEATH (Type or print) 9. AGE (In years last birthdoy) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH Months July 16, 1879 WIDOWED | Male White DIVORCED | 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Maryland Own Lawver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Fenwick Smith Maria Lee Palmer 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mo Mrs. Charlotte P. Smith-Same as Item #2 216-38-0945 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc. 0. m While Not while

p. m 21. I certify that (I) (this haspital) attended the deceased fram...

of work of work

(County)

28 1960, that (1) (we) last

PERFORMED? YES NO IN

(Stote)

saw the deceased alive an 220. SIGNATURE

ATTENDING PHYS. 22d. ADDRESS

East

STAFF PHYS. DIRECTOR |

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

22b. DATE 160 SIGNED

22c. PHYSICIAN'S NAME (Type)

Burial

Chase, M.D. 23b. DATE THEREOF 23a. BURIAL CREMATION.

Oct.31,1960

23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

1960, and that death accurred at 5

23d. LOCATION (City, town, or county) Frederick.

(Stote) Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ADDRESS

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

R. Etchison & Son, Frederick, Maryland

DATENOV 1 '60

arthur S. Thans

*3MPfram the causes and an the date stated above.

Church Street, Frederick, Maryland

detached by the DIRECTOR: pe a p page 3 shauld the State Board FUNERAL m 0

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VR A15 (4) 15M 9/59

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11394 CERTIFICATE OF DEATH

11387
Reg. Dist. No.

	11004	Keg. Dist. No.
V	1. PLACE OF DEATH o. COUNTY of	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
Д	Frederick MARYLAND	Md Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town).	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	Frederick 4 Ms.	* Walkersville
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
	Wynelle Hursing Home	ON A FARM? YES NO B
	3. NAME OF Middle	Last 4. DATE Menth Day Yeor
	(Type or print) HARVEY E.	>MITH DEATH Oct. 9 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	M WIDOWED DIVORCED	march 6 1872 88 yrs. Months Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUS during most of warking life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Drauman Own Busies	is maryland U.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Solonion E. Suite	Mangaret Jookin bell
4		NFORMANT Address
I	IVes, no or unknown (If yes, give wor or dates of service) 219-01-0649 m	ves. E. J. Fisher 110 n. Court St. Fred, my
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	MTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Caronary the	ONSET AND DEATH
	DUE TO	
	Condition it are with	. cardinascular discare
	cove rise to immediate	(() = () = () = () = () = () = () = ()
	cause (a), stating the <u>under</u>	
	lying couse lost. (c) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
	3 could be mound on a way was	mplega process amarin YES NO 2
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Erner nature af injury in Port I ar Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PU	ACE OF INJURY (Home, farm, ; 20f. (City ar town) (County) (State)
	Haur a.m. While Not while for	ctory, street, office bldg., etc.)
		a Retter la
	21. I certify that oftended the deceased from Repleased	19 19, to 7 000 19 19 10, that I lost sow the deceased
	alive on 8 O and 1960, and that death	occurred at 7 A.M. from the couses and on the dote stoted above.
	ACTUAL	ADDRESS (Street, city or tawn, stote) DATE SIGNED
	SIGNATURE JUME TONG	M.D
	PHYSICIAN'S JAMES E. STONER IR	WALKERSUILLE, Md 10/10/60
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
1	Byria 2. 10/11/60 Int. Clivet	Cemetery Frederick, Md.
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
)	J. C. Barten Walkersville	MA DATE CT 13'60 Criting & Kinus
6		the state of the s

may be ined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director. page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A1S (4) 15M 9/SS

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPIT

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		APPLICATION CONTRACTOR	
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	on esta		

CERTIFICATE OF DEATH

11388

		Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
	b. CITY DRIOWN (If outside corporate limits, write RURAL and give reduction with 12 F. B. #5 Days	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick R.F.D.#5
)	d. NAME OF HOSPITAL (If not in hospital, give street address) Vindabona Convalescent & Rest Home	d STREET ADDRESS Mt. Philip Road e. 15 RESIDENCE ON A FARM? YES \(\sum \) NO
	3. NAME OF DECEASED (Type or print) A A W T L LUTHER	STECKMAN DATE Month Day Year Of DEATH October 8, 1960
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	June 26, 1879 81 stricthday) Months Days Hours Min.
	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier Star Route	DUSTRY 11. BIRTHPLACE (Slote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTR USA
1	13. FATHER'S NAME Luther Francis Stockman	14. MOTHER'S MAIDEN NAME Harriett Gatton
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	rs. Elsie V. Burkett, Frederick, Maryland
	Conditions (6 for which)	lunclain interval Between ONSET AND DEATH (year lucture)
	gave rise to immediate	Ment Failure / smooth
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		RED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work	PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.) (City or town) (County) (State)
	21. I certify that I attended the deceased from Sept alive on SQ 1. 19 (w), and that dea	th occurred at 63 A. M. from the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. HW3 24 St. Freedenich (56)
	PHYSICIAN'S Thomas E, STOMEN	.D. 4 West Third Street, Frederick, Magyland
	Burial (Specify) 22b. Date THEREOF 22c. NAME OF CEMETERY 22c. NAME	
-	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryl	and DATEOCT 11 '60 Crithus S. Kraus

led by the haspital or ottending physician.

**RECTOR: After this certificate has been signed by the attending physician and completely filled the complete state of the complet page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO FUNER

the funeral director, and 2 should be filed with

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 9/55

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			CONTRACTOR CONTRACTOR
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			AND LOUISON NINEEN OL I. AVENEGOU N. 2005, U.T.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH

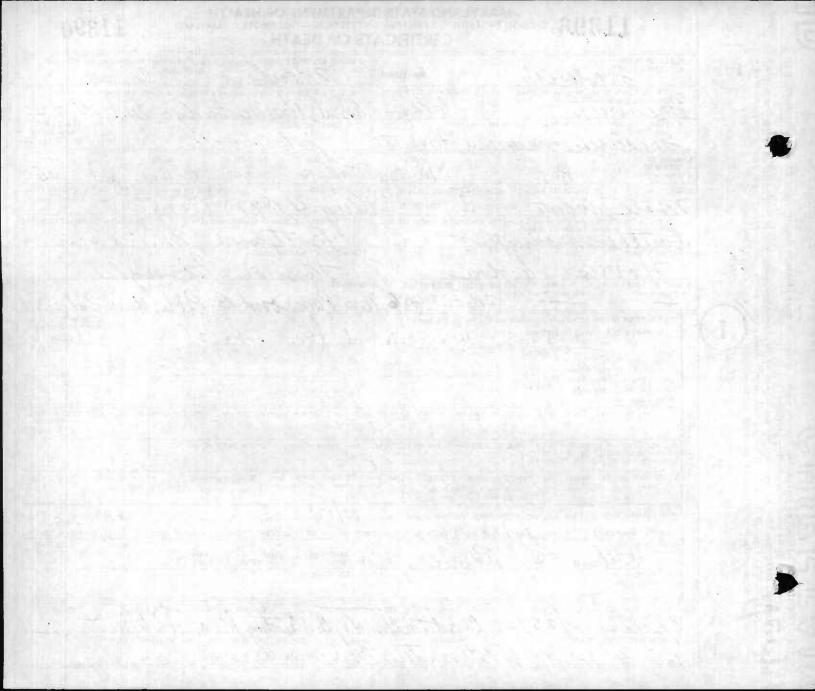
TE DEPARTMENT OF HEA		11280
ICATE OF DEATH	I, MARYLAND	11389

11	395		CERTIFI	CATE	OF DEAT	ľH			4.4	000	
1. PLACE OF DEATH a. COUNTY	rederick		MARYL		USUAL RESIDENCE o. STATE	(Where deceas	ed lived. If institu b. COUNT	Υ	nce befo		ian)
	autside carporate limi arest tawn)	ts, write	c. LENGTH OF STAY II	N 16	CITY OR TOWN		orate limits, write -Rural- F		44	arest tawn)
OR INSTITUTION	AL (If not in hospital, g Memorial				d. STREET ADDRES						FARM?
3. NAME OF DECEASED (Type or print)		RIE	Middle ELIZA		STONE	4. DATE OF DEATE		onth Der	6,	,	Year 19 60
s. sex Female	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED		July 16,	1881	9. AGE (In year last birthday)	Manths		Haurs	Min.
10a. USUAL OCCUPATION during mast of wark tousework	ing life even if retired	dane 10b.	At Home	INDUSTRY		State or foreign		12. CI	TIZEN O	F WHAT C	OUNTRY?
13. FATHER'S NAME Wi	lliam Harri	.5		1.	MOTHER'S MAID	EN NAME	Lewis				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	social security no.	Mrs.	Ruth A.	Droneb	1304°	Wëst derick	7th	Stre	et
Canditians, if a gave rise to it cause (a), stating lying cause last. PART II. OTH	the <u>under-</u>	3	CONTRIBUTING TO DEA		RELATED TO THE T		SE CONDITION G	IVEN IN PA	RT 1(a)	PERFO	AUTOPSY DRMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Yee	ar 20d. I While	NJURY OCCURRED Not while	20e. PLACE	nter nature af injur OF INJURY (Hame, street, affice bldg.	farm, 20f. (C	art II af item 1B.) ity or town)		(County)		(Stote)
21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN: NAME (Type		£5 u.s	ded the deceased to 19 60 and to 19 60.	fram that deat M.D.	ATTENDING PHYS. 22d. ADDRESS	MED.	n the causes o	ind an th	le date	stated	abave
230. BURIAL, CREMATIO REMOVAL (Specify) BURIAL 24. FUNERAL DIRECTOR	Oct. 8,1	.960	23c. NAME OF CEME Pleasant ADDRESS	Hill (Cemetery 25a.		ATION (City, town ederick (STRAR 25b, REC		7, 1	(State	

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	A Francisco Dec	e de les de les les les les les les les les les le	nell a realized of	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4	2.		
Page	M with		PLACE OF DEATH a. COUNTY The derivation of the country of the co
leath.	l be fi		b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
ofter d	Shauld	-	d. NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR A FARM?
25	nd 2		Frederick memorial Hospital Johnsville VES NO E
24 h	ges 1 a		NAME OF DECEASED First Middle Clayton TAYLOR OF DEATH OCTOBER 23 1966
withir	. Pag ter dec	5. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs Min.
cuted	camples sapers ors af	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPUCE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Buring most of working life, even if retired)
be exe	rban p	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
icate	rsician ive ca within		norrie Taylor Jannie Ebaugh
d)	remo	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT a. no. or unknown) (If yes, give wor or dates of service) 2/6-07-4/8 6 ms, Ramathud B. Poole Uning Bredse, m.
death	offending please r		18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
at the	Then and i		immediate cause (a) Sub arachnoid Itemorrhage 17 days
res tho	rmit. iaval,		Canditians, if any, which gave rise to immediate (b)
requi	n sign ssit pe ar rem		cause (a), stating the <u>under.</u> DUE TO Lying cause last. (c)
ne law physici	as bee ial-trar atian,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPS PERFORMED? YES NO
AN: Th	icate h he bur I, crem	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICI,	use as to to burial to burial	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. P. m. 19 While Nat while at wark at wa
ING P	ed far priar		21.1 certify that (1) (this haspital) attended the deceased fram. 10/17/ 1960, to 10/23 1960 that (1) (we) la
TEND the h	OR: A etache dealth		saw the deceased alive an
PR A	d be d		City Ceywolls M.D. ATTENDING MED. STAFF PHYS. STAFF PHYS. 22c. PHYSICIAN'S 22d. ADDRESS
IT POLICE	shauli e Boa		NAME (Type)
HOSP	page 3 s page 3 s the State	230	2. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
0 =	2 = 1	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
1SM	7/59	4	X 2 Mylls, A, Whitemall, MA. DATE OCT 25'60 Quing & trave



after death. Page 4

11391

CERTIFICATE OF DEATH

12.120	Reg. Dis	t. No.
1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY	e befare admission)
Frederick	ND	leriek
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Knoxville 20 years		ive nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Route 340	Route 340	YES NO
3. NAME OF DECEASED (Type or print) Edna First Catherine	Utterback OF DEATH 10 Manth	6 Day Year 0
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	6 7 7 7 001. lest/birthday) Months	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)		ZEN OF WHAT COUNTRY?
House wife Home	Maryland U. 14. MOTHER'S MAIDEN NAME	S.A.
John W.Stewart	Maggie C.Scott	
IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	Mrs.J.C.Seward, Brunswick, Ma	ryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ey och warm	INTERVAL BETWEEN ONSET AND DEATH
Conditions if any which	La constanción de	14 1001
gave rise to immediate cause (a), stating the under-	- Della Court	Jan.
lying cause last.) (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I ar Part II of item 1B.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e Hour a. m. While at wark at wark	e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City ar tawn) (C	Caunty) (State)
21. I certify that I ottended the deceased from LA -	16-, 196x, to 16-16, 796 sthat I la	st saw the deceased
	eoth accurred at 1230 PM, from the causes and on the	date stoted obove
ACTUAL S	ADDRESS (Street, city ar tawn, state)	DATE SIGNED
PHYSICIAN'S NAME (Type) C.E. Pruitt	Brunswick Maryla	.nd
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY 22d. LOCATION (City, tawn, ar county)	(State)
Burial 10-19-1960 Samples	Manor Samples Manor.	Md
23. FUNERAL/DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE
B. Lu tuli Brunswick, Maryl	land DATE OCT 20'60 arthur S.	trans

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VS A15 (4) 15M 9/58

ificate has been signed by the attending physician and campletely filled in by the funeral director, ificate has been signed by the please remove carbon papers. Pages I and 2 shauld be filted with the buriol-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filted with, ar removal, and in any event within 72 hours after death.
tending physician. filter as the attending physician and campletely filled intract he build-transit permit. Then please remave carbon popers. Pages 1 ct., ar remaval, and in any event within 72 haurs after areath.
iending physician. fiftate has been signed by the attending physician and camplet the burial-transit permit. Then please remove carbon papers. , ar remaval, and in any event within 72 hours after death.
iending physician fricate has been signed by the attending physician fricate has been signed by the attending physician burial-transit permit. Then please remove can, ar remaval, and in any event within 72 hours aff
iending physician. ficate has been signed by the attending the burial-transit permit. Then please ar remaval, and in any event within 7
iending physician. Ificate has been signed by the the burial-transit permit. The , ar remaval, and in any even
ending physician. ficate has been signed the burial-transit perm , ar remaval, and in ar
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11403 **CERTIFICATE OF DEATH**

4.4	100								Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY Fre	derick		MA	RYLAND	2. USUAL o. STA	RESIDENCE (W	here deceas	ed lived. If institu b. COUNT	tion: Residen		
b. CITY OR TOWN (If out RURAL ond give neores		, write	c. LENGTH OF STA	AY IN 1b				porote limits, write	RURAL ond	give neares	it town)
d. NAME OF HOSPITAL (I						eet ADDRESS			7		IS RESIDENCE ON A FARM?
8	North V	irgi	inia Ave	•		8 Nort	th Vi	rginia	Aveni	ue Y	ES NO
3. NAME OF DECEASED (Type or print) Mar	First tha		Midd answick	lle Va	n Os	lost lale	4. DATE OF DEATI	7.4	onth)	Day	Yeor 1960
	-0 0 0	7. MARR	IED NEVER MAR	KILL L	8. DATE OF	BIRTH -1890		9. AGE (In year last birthdoy)	Months		UNDER 24 HRS Hours Min.
Oa. USUAL OCCUPATION (of during most of working) Patrolman	Give kind of work do life, even if retired)		KIND OF BUSINESS	OR INDU	STRY 11. BI			country)		IZEN OF W	HAT COUNTRY
3. FATHER'S NAME		10			-	HER'S MAIDEN			- 1		
	B.F.Sig	afoc	ose			1	Laura	V.Will	Liams		
5. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes	U. S. ARMED FORC give war or dates of sen		SOCIAL SECURITY N		rs.L		oxell	, Bruns	dress wiek	, Md	
18. CAUSE OF DEATH PART I. DEATH V	[Enter only one coursely AS CAUSED BY: MEDIATE CAUSE (o)_		estinal	-	orrha	ge				ONSET	AL BETWEEN AND DEATH WEEK
Conditions, it ony,		Rec	tum-Caro	cinor	na					15	month
gove rise to imme couse (o), stoting the glying couse lost.											
PART II. OTHER S	SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELAT	ED TO THE TERM	MINAL DISEA	SE CONDITION O	IVEN IN PAR	1	WAS AUTOPSY PERFORMED? ES NO
20a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	Юb. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter no	ture of injury in	Port I or Po	ort II of item 18.)			38.5
20c. TIME OF INJURY A Hour o. m. p. m.	Month, Doy, Year	While	Not while of work	20e. PL	ACE OF INJ	URY (Home, for office bldg., et	m, 20f. (Ci	ity or town)	(County)	(Stote
21. I certify that alive on Oct.	attended the		60 , and the			d at 9:22	Address (ind an the	e date s	
PHYSICIAN'S	Byron Ka	10,	M.D.		Br			aryland			
220. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREOF		22c. NAME OF CE			DRY		ATION (City, town		land	(Stote)
23. FUNERAL DIRECTOR'S SIG		Brun	ADDRESS	arvl	and.		CT 1 0	STRAR 24b. REG	GISTRAR'S SI	GNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

15M 9/58

11393

ON A FARM? YES NO

Year

INTERVAL BETWEEN

PERFORMED? YES NO

(Stote)

(Stote)

196/

Days

(County)

CERTIFICATION OF THE CONTRACT OF THE LIBERTY OF THE CONTRACT O

FOR STATE HEALTH DEPT

TO DEPUTY REDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the fertificate, writing the word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, or removal, and in any eyent within 72 hours after death.

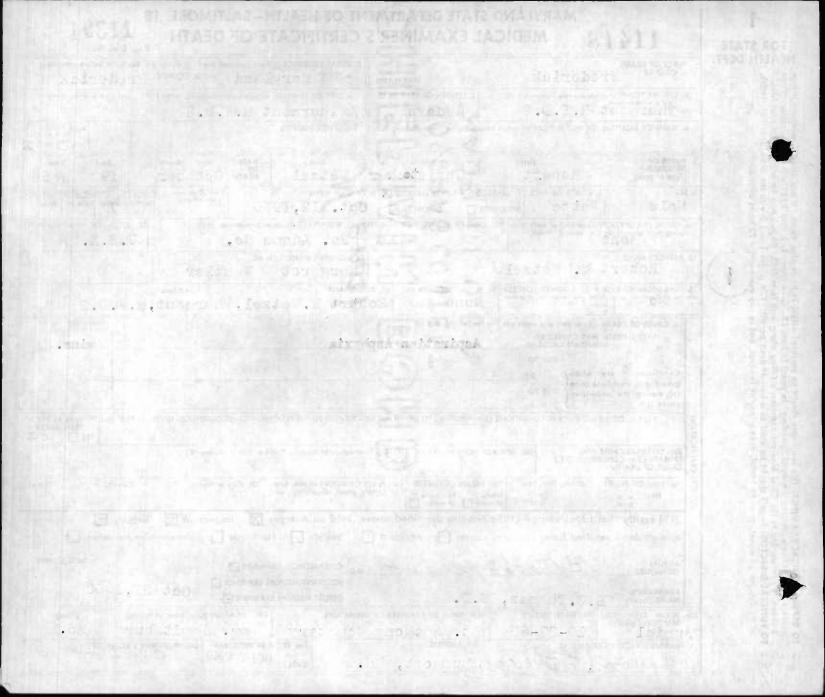
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11418

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11394 Reg. Dist. No.

1.	PLACE OF DEATH	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick								ion)			
	b. City or town life of give negret fown) Thurmon	t R.F.D.2	RURAL	c. LENGTH OF STAY IN	116	3.0		autside corp		write RU	RAL and	give neo	rest town)
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in hosp	pital, give street address)		d. STREET A	DDRESS						ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Robert		Christoph	ıer	Wetz		4. DATE OF DEATH		Manth		Doy 19	Yeo	60
5.	Male Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED		oct. I			9. AGE Jin y lost birthdo		UNDER 1			24 HRS. Min.
10	during most of working	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTR			or foreign co				S.A.		OUNTRY?
) 1	3. FATHER'S NAME Rober	t M. Wetz	cel			14. MOTHER'S Marga			tler					
	S. WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give war or dates of	entrical a	SOCIAL SECURITY NO.		bert M	.Wet	zel,T		ont,	R.F.	.D.2	3	
705	Canditions, if on gave rise to immedia, storing the ucause tast.	nderlying DUE TO		Aspiration			THE TERMI	INAL DISEASE	CONDITIO	N GIVEN	IN PART	1(0) 19.	PERFORM	UTOPSY MED?
MEDICAL CERTIFICATION		TRIBUTING []	ar 20d. II		PLAC	E OF INJURY (F	tome, form	1, 20f. (City			(Caun			(State)
CHA	Haur a. m. 19 While at wark at													
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	1300 B.O. Thom		mas	1	ASSISTA	NT MEDIC	CAMINER AL EXAMINER EXAMINER	- 0	ct :	21,1		DATE SIG	ENED
	BURIAL, CREMATION REMOVAL (Specify) Burial Burial	10-22-	OF	22c. NAME OF CEMETER St. Anthon				22d. LOCAT	Emm	itsl	ourg	LATURE	(State) Md •	
1	gymon	100	agu	Thurmont,	Md	•	DATE	OCT 2 4	'60	a	Jun d	P. This	wA	



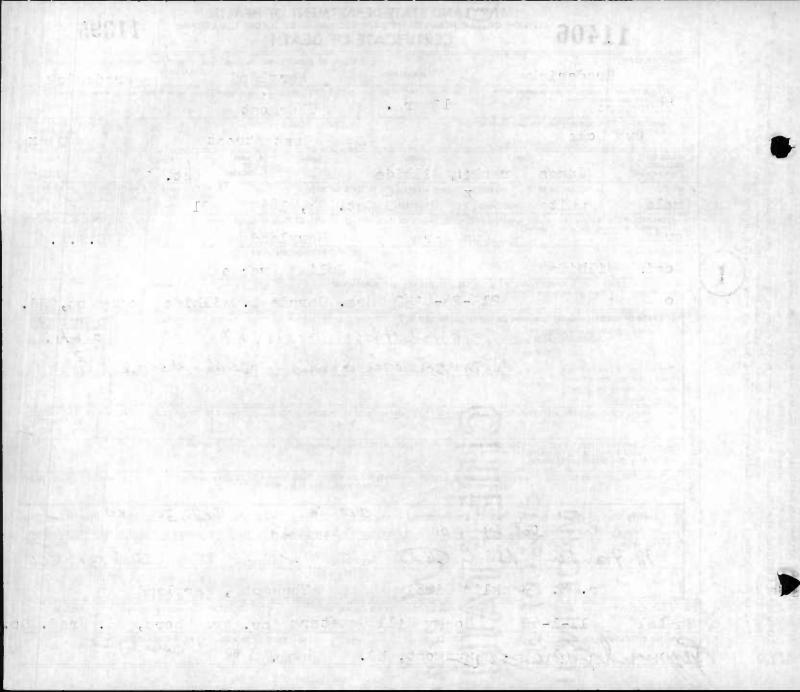
MARYLAND STATE DEPARTMENT OF HEALTH 1 1 0 C DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11395

11	400		CERTI	FICATE	OF DE	ATH			-L. 1	LUU	U	
1. PLACE OF DEATH o. COUNTY F	rederick		MAR	2.	o. STATE		ere decessed	l lived. If institution b. COUNTY			ere admiss	
b. CITY OR TOWN (IF RUBAL and give ne Thurmon	grest town)	its, write	c. LENGTH OF STATE	YIN 1b	X	wn (If o		rote limits, write R	URAL and	give ne	arest tawr	1)
d. NAME OF HOSPIT	AL (If not in hospital, s Home	give street (address)		d. STREET ADD	RESS	Stre	et				FARM?
3. NAME OF DECEASED (Type or print)	James		Middl nk ely Will		Lost		4. DATE OF DEATH	Mon Oct.	_{th}	Do	-,	Year 1960
s. sex male	6. COLOR OR RACE white	7. MARR	45.74	- 0	t. 24,	18		9. AGE (In years last birthday) 91 yrs.	IF UNDE Months	R 1 YEAR Days	Hours Hours	Min.
10a. USUAL OCCUPATIO during mast of work Farmer	N (Give kind of wark ing life, even if retired)	wn Farm	OR INDUSTRY	20.5	E (Stote	_	ountry)	12. CI		S . A	OUNTRY
Josiah W	ilhide			1	4. MOTHER'S M Julia		iame reeze)				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of	(environ	SOCIAL SECURITY N			rie	I. W	Add ilhide		urm	ont,	Md
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, C	e for (a), (b), and (c	7h	rombo	sis	, M	-		INT ON 2	ERVAL BE	TWEEN DEATH
Conditions, if or gove rise to in couse (o), stoting lying cause last.	nmediate () ar	trivsels	notic	cardi	0-6	raseu	lan chs	case			
_	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO D	EATH BUT NO	T RELATED TO T	HETERMI	NAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(o)	PERFC	AUTOPS' ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED. (I	Enter noture of i	njury in I	Port 1 or Port	t II of item 1B.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While of work	Not while of work		OF INJURY (Ho r, street, affice b			or town)		(County)		(Stote
	t (I) (this haspita ed alive an Oc	17 '7				10		Oct. 30 the causes an			, , ,	
220. SIGNATURE	ankli	Bi	il aux	D M.D	ATTENDING PHYS.	MI	- 1	STAFF PHYS.	Olo	8.	22	SIGNE
22c. PHYSICIAN'S NAME (Type)	-	ankl	Lin Bire	ly	22d. ADDRESS		mont,	Maryla				
23g. BURIAL, CREMATIO REMOVAL (Specify) BUR 121	N. 23b. DATE THEREO		Rocky H		emeter	У		TION (City, town,			(Stot	
24 TUNERAL DIRECTOR	16	6.61	ADDRESS Thurmont	. Md.		So. REC'	D BY REGIST	27 11	STRAR'S S	PUNATU	RE	

TO HOSPITY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be exactled by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death. VR A15 (4) 15M 9/59



11396

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Frederick Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Frederick years e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital ON A FARM? 123 South Jefferson Street YES NO X 4. DATE NAME OF Middle First Last Month Yeor OF DEATH DECEASED (Type or print) J. Tee Willard 19 60 October 13 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 5. SEX Days Months Hours Male White DIVORCED T May 26, 1889 WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Kirksville, Missouri U.S.A. Retired Rail Road Trainman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hower Willard Nettie Adams WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mrs. Elaine S. Willard (Wife) 123 Jefferson St. No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TE 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Doy. Yeor foctory, street, office bldg., etc.) MEDI o. m. While Not while of work ot work p. m 21. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an Car. and that death accurred at ZEM, from the causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. B. O. Thomas, Sr. M.D. 228 North Market Street Frederick, Md. 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Mt. Olivet Cemetery Frederick. Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR DATE OCT 1 8 '60 Orthur S. Krous Frederick, Maryland

page 3 sh the State FUNER 0 VR A1S (4) 15M 9/59

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PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Frederick

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Month

Address

20.

Months

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o. COUNTY b. COUNTY Frederick MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) months Rural Braddock Heights Frederick Route # d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Vindobona Convalescent Home Frederick Route NAME OF Middle 4. DATE First DECEASED Wolfe V Baker DEATH Cora October (Type or print) 8. DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) DIVORCED | April 20, 1880 80 White WIDOWED | Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
Housewife None Frederick Co. Maryland 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME Mary Gilbert Ezra Baker 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give war or dates of service) Mr. Daniel W. Wolfe Frederick Rt.#1. Maryland attending None No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] d PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o and DUE TO py permit. Conditions, if only, been signed gove rise to immediate DUE TO couse (a), stating the underlying couse last burial-transit attending physician 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY crematian, has 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate OS 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year use of foctory, street, office bldg., etc.) Hour o. m While Not while After this ot work ot work p. m far 21. I certify that (I) (this haspital) attended the deceased fram. 2 - 10 1955, to 10 - 20 detached and that death accurred at ____ M, fram the causes and on the date stated above saw the deceased alive an... by the DIRECTOR: 22o. SIGNATURE ATTENDING PHYS. DIRECTOR [PHYS. M.D. Board 22c. PHYSICIAN'S 22d. ADDRESS 3 shauld NAME (Type 220 North Market St. TO FUNERAL Rex Martin M.D. page 3 sh the State 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Beaver Dam Cemetery Frederick County, Maryland 1960 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR arthur & Kraus

Frederick, Maryland

DATE OCT 2 4 '60

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Day

Doys

U.S.A.

(County)

Frederick, Md.

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

22b, DATE SIGNED

(Stote)

(Stote)

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ON A FARM?

YES NO

Year

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH D. COUNTY Frederick		MARYLANI	11	USUAL RESIDENCE (Who o. STATE Maryla		ed. If institution b. COUNTY		efare admission)		
	b. CITY OR TOWN (If autside carporate lin RURAL ond give neorest tawn) Frederick	nits, write	c. LENGTH OF STAY IN 11	b	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick						
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION Frederick Memori			1	d. STREET ADDRESS	erroll I	Parkway		e. IS RESIDENCE ON A FARM? YES NO		
1	NAME OF POECEASED (Type or print)	irst na	Middle K. Zi	mume	Lost rman	4. DATE OF DEATH	Manth		Day Year 19 60		
5. 5	Female 6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED X	_	an • 28-1874	9.		Manths Day	AR IF UNDER 24 HRS. rs Haurs Min.		
10a	. USUAL OCCUPATION (Give kind of work during most of working life, even if retire Housekeeper	done 10b. d)	Own home	DUSTRY	11. BIRTHPLACE (State of Maryland	ar foreign caunt	(7)		S.A.		
13.	FATHER'S NAME			1	4. MOTHER'S MAIDEN N						
	Jackson Zimmerma					et Fires					
1S. (Yes	WAS DECEASED EVER IN U. S. ARMED FO , no, or unknown) (If yes, give war or dates of NO		None	Mrs	• Clemon Ler	nhart-40	Addre Carro		derick- Md wy		
	gove rise to immediate cause (a), stating the under-	b) 0/	augrene Sletevative	0	left to				3 month		
CATION	PART II. OTHER SIGNIFICANT CO	NDITIONS (CONTRIBUTING TO DEATH I	BUT NO	T RELATED TO THE TERMII	NAL DISEASE CO	ONDITION GIVE	N IN PART 1(a	1) 19. WAS AUTOPSY PERFORMED? YES NO		
MEDICAL CERTIFI	200. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Y	ear 20d. II		PLACE	OF INJURY (Home, farm, street, affice bldg., etc.	, 20f. (City ar		(Caun	ity) (State)		
WED	Haur a. m. p. m.	While at war	k at wark	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, wholly diffice blags, etc.						
	22c. PHYSICIAN'S	er a	196 S, and tha		22d. ADDRESS	M, fram the	STAFF PHYS.	I an the do	22b. DATE SIGNED		
	Dr. L. R.	Schoo	lman		810 Toll	House A	veFred	ierick-	. Ng •		
230	Burial (Specify) Burial (10-7-15)		23c. NAME OF CEMETER			23d. LOCATION	a Mary		(Stote)		
24.	FUNERAL DIRECTOR'S SIGNATURE	2 Py	ADDRESS N. Mkt. St	• - Ma	ederick ATEOCT	BY REGISTRAF	200, 1124.01	RAR'S SIGNA			

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